

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20697

FILED
Mar 08, 2011
Secretary of State

Entity Name: DIAMOND STATE INSURANCE COMPANY

Current Principal Place of Business:

THREE BALA PLAZA EAST, SUITE 300
ATTN: TAX DEPARTMENT
BALA CYNWYD, PA 19004

New Principal Place of Business:

Current Mailing Address:

THREE BALA PLAZA EAST, SUITE 300
ATTN: TAX DEPARTMENT
BALA CYNWYD, PA 19004

New Mailing Address:

FEI Number: 51-0257823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MYERS, DAVID M
Address: THREE BALA PLAZA EAST SUITE 300
City-St-Zip: BALA CYNWYD, PA 19004

Title: S
Name: HOHN, LINDA C
Address: 3 BALA PLAZA EAST
City-St-Zip: BALA CYNWYD, PA

Title: TRES
Name: MCGEEHAN, THOMAS M
Address: THREE BALA PLAZA E STE 300
City-St-Zip: BALA CYNWYD, PA 19004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS M. MCGEEHAN

TREA

03/08/2011

Electronic Signature of Signing Officer or Director

Date