


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P24156 1. Entity Name THE DOCTORS' COMPANY INSURANCE SERVICES |  |
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| Principal Place of Business 185 GREENWOOD ROAD P.O. BOX 2900 NAPA, CA 94558-0900 | Mailing Address 185 GREENWOOD ROAD P.O. BOX 2900 NAPA, CA 94558-0900 |
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 95-3923971 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MEYER, JOHN A. 185 GREENWOOD ROAD NAPA, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, RICHARD E 185 GREENWOOD ROAD NAPA, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PREIMESBERGER, DAVID 185 GREENWOOD ROAD NAPA, CA 94558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TROXEL, DAVID B 185 GREENWOOD ROAD NAPA, CA 94558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/28/07-80045-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|---|----------------------------|---------------------|--------------------------------|
| SIGNATURE:  | David Preimesberger | 2/7/07 | (707) 226-0100 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |