2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P24156

Entity Name: THE DOCTORS' COMPANY INSURANCE SERVICES

Current Principal Place of Business:

185 GREENWOOD ROAD
P.O. BOX 2900
NAPA, CA 945580900

New Principal Place of Business:

185 GREENWOOD ROAD
NAPA, CA 945580900

Current Mailing Address:

185 GREENWOOD ROAD
P.O. BOX 2900
NAPA, CA 945580900

New Mailing Address:

185 GREENWOOD ROAD
PO BOX 2900
NAPA, CA 945580900

FEI Number: 95-3923971 **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 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, RICHARD
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 94558

Title: S ( ) Delete
Name: SUDDENDORF, DAVID
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 94558

Title: T ( ) Delete
Name: PREIMESBERGER, DAVID
Address: 185 GREENWOOD ROAD
City-St-Zip: NAPA, CA 94558

Title: D ( ) Delete
Name: FRANCIS, ROBERT
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 94558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LAWTON, BRYAN
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 94558

Title: TD (X) Change ( ) Addition
Name: PREIMESBERGER, DAVID
Address: 185 GREENWOOD ROAD
City-St-Zip: NAPA, CA 94558

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID PREIMESBERGER TD 04/13/2009

Electronic Signature of Signing Officer or Director — Date