

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24156

FILED
Mar 16, 2011
Secretary of State

Entity Name: THE DOCTORS' COMPANY INSURANCE SERVICES

Current Principal Place of Business:

185 GREENWOOD ROAD
NAPA, CA 945580900

New Principal Place of Business:

Current Mailing Address:

185 GREENWOOD ROAD
PO BOX 2900
NAPA, CA 945580900

New Mailing Address:

FEI Number: 30-0597630

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

OFFICERS AND DIRECTORS:

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

Title: S
Name: MCHALE, DAVID
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 94558

Title: TD
Name: PREIMESBERGER, DAVID
Address: 185 GREENWOOD ROAD
City-St-Zip: NAPA, CA 94558

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

Title: D
Name: LAWTON, BRYAN
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 94558

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: DAVID PREIMESBERGER

TD

03/16/2011

Electronic Signature of Signing Officer or Director

Date