2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P28227

1. Entity Name
GENESIS INSURANCE COMPANY

Principal Place of Business	Mailing Address
695 E. MAIN ST. P. O. BOX 10352 STAMFORD, CT 06904-2352	695 E. MAIN ST. P. O. BOX 10352 STAMFORD, CT 06904-2352

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1024360
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROBERTS, ADAM D
STREET ADDRESS	695 EAST MAIN ST
CITY-ST-ZIP	STAMFORD, CT 06904
TITLE	T
NAME	GASDASKA, JR., WILLIAM G
STREET ADDRESS	695 E. MAIN STREET
CITY-ST-ZIP	STAMFORD, CT 06904
TITLE	CEOP
NAME	ROBERTS, PATRICIA H
STREET ADDRESS	695 E. MAIN STREET
CITY-ST-ZIP	STAMFORD, CT 06904
TITLE	D
NAME	VOCKE, DAMON
STREET ADDRESS	695 E MAIN STREET
CITY-ST-ZIP	STANFORD, CT 06904
TITLE	D
NAME	BRANDON, JOSEPH
STREET ADDRESS	695 E MAIN STREET
CITY-ST-ZIP	STANDFORD, CT 06904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/06-80029-002 150.00

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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.

SIGNATURE: _____ Adam D. Roberts - Secretary 1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(203) 328-6514
Daytime Phone #