

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28227

FILED
Jan 24, 2007
Secretary of State

Entity Name: GENESIS INSURANCE COMPANY

Current Principal Place of Business:

695 E. MAIN ST.
P. O. BOX 10352
STAMFORD, CT 069042352

New Principal Place of Business:

Current Mailing Address:

695 E. MAIN ST.
P. O. BOX 10352
STAMFORD, CT 069042352

New Mailing Address:

FEI Number: 06-1024360

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: S () Delete
Name: ROBERTS, ADAM D
Address: 695 EAST MAIN ST
City-St-Zip: STAMFORD, CT 06904

Title: T () Delete
Name: GASDASKA, JR., WILLIAM G
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904

Title: CEOP () Delete
Name: ROBERTS, PATRICIA H
Address: 695 E. MAIN STREET
City-St-Zip: STAMFORD, CT 06904

Title: D () Delete
Name: VOCKE, DAMON
Address: 695 E MAIN STREET
City-St-Zip: STAMFORD, CT 06904

Title: D () Delete
Name: BRANDON, JOSEPH
Address: 695 E MAIN STREET
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA H. ROBERTS

CEOP

01/24/2007

Electronic Signature of Signing Officer or Director

Date