


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90024 021 \*\*\*150.00

<b>DOCUMENT # P97000105859</b>					
<b>1. Entity Name</b> ZENITH INSURANCE MANAGEMENT SERVICES, INC.					
<b>Principal Place of Business</b> 1390 MAIN STREET SARASOTA, FL 34236-5642			<b>Mailing Address</b> C/O ZENITH INSURANCE COMPANY 21255 CALIFA STREET WOODLAND HILLS, CA 91367		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0798289	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> ZAX, STANLEY R <b>STREET ADDRESS</b> 21255 CALIFA STREET <b>CITY-ST-ZIP</b> WOODLAND HILLS, CA 913675021	<input type="checkbox"/> Delete		<b>TITLE</b> D/C/P <b>NAME</b> Zax, Stanley <b>STREET ADDRESS</b> 21255 Califa St. <b>CITY-ST-ZIP</b> Woodland Hills, CA 91367	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MILLER, JACK D <b>STREET ADDRESS</b> 21255 CALIFA STREET <b>CITY-ST-ZIP</b> WOODLAND HILLS, CA 913675021	<input type="checkbox"/> Delete		<b>TITLE</b> D/V <b>NAME</b> Miller, Jack D. <b>STREET ADDRESS</b> 21255 Califa St. <b>CITY-ST-ZIP</b> Woodland Hills, CA 91367	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> OWEN, WILLIAM J <b>STREET ADDRESS</b> 21255 CALIFA STREET <b>CITY-ST-ZIP</b> WOODLAND HILLS, CA 913675021	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D/V/T <b>NAME</b> Van Gundy, Kari L. <b>STREET ADDRESS</b> 21255 Califa St. <b>CITY-ST-ZIP</b> Woodland Hills, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TICKNER, JOHN J <b>STREET ADDRESS</b> 21255 CALIFA STREET <b>CITY-ST-ZIP</b> WOODLAND HILLS, CA 913675021	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Lee Jr., Hyman J. <b>STREET ADDRESS</b> 21255 Califa St. <b>CITY-ST-ZIP</b> Woodland Hills, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Kari L. Van Gundy, VP & Treasurer			Date: 1-18-08		Daytime Phone #: 818-713-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					