


2006 FOR PROFIT CORPORATION ANNUAL REPORT

REJECTED
02-06-2006 00054034 50.00

P05000036008

SEC STATE
WISIT ARTICLES

06 FEB 20 AM 8:59

DOCUMENT # P05000036008					
1. Entity Name EDISON INSURANCE COMPANY					
Principal Place of Business 9800 4TH STREET NORTH SUITE 307 ST. PETERSBURG, FL 33702		Mailing Address 9800 4TH STREET NORTH SUITE 307 ST. PETERSBURG, FL 33702			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2742404	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399				Name Kelly K. King, CFO	
				Street Address (P.O. Box Number is Not Acceptable) Edison Insurance Company	
				City St Petersburg	
				Zip Code FL 33702	
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: <u>Kelly K. King</u> <u>Kelly K. King</u> <u>1-31-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWARD, DAVID M	NAME			
STREET ADDRESS	4717 ROYAL PALM CIRCLE NE	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 34698	CITY-ST-ZIP	33703		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KING, KELLY K	NAME	Steven E. Shimp		
STREET ADDRESS	1421 STURBRIDGE CT.	STREET ADDRESS	822 Cypress Lake Circle		
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	Fort Myers FL 33919-1622		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRIPPE, GARY V	NAME			
STREET ADDRESS	1275 KASAMADA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 339191622	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IDELSON, CHARLES K	NAME			
STREET ADDRESS	13792 PINE VILLA LANE	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 339121618	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, JAMES W	NAME			
STREET ADDRESS	867 CYPRESS LAKE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Kelly K. King</u> <u>Kelly K. King</u> <u>1-31-06</u> <u>8883285171</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>					