

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED
07 MAY -7 PM 3:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2742404	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KING, KELLY K CFO EDISON INSURANCE COMPANY 9800 4TH STREET NORTH ST PETERSBURG, FL 33702			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, DAVID M 4717 ROYAL PALM CIRCLE NE ST. PETERSBURG, FL 34698	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, KELLY K 1421 STURBRIDGE CT. DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPPE, GARY V 1275 KASAMADA DRIVE FT. MYERS, FL 339191622	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDELSON, CHARLES K 13792 PINE VILLA LANE FT. MYERS, FL 339121618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JAMES W 867 CYPRESS LAKE CIRCLE FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMP, STEVEN C 822 CYPRESS LAKE CIRCLE FORT MYERS, FL 339191622	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Kelly K. King</i> Kelly K. King		Date 05-01-07 7275799851	



**EDISON INSURANCE COMPANY – P05000036008
AMENDED ANNUAL REPORT**

**Board of Directors
2007**

10. continued – Officers and Directors

D.

Belisle, John David
766 Cal Cove Drive
Fort Myers, FL 33919

D.

Fields, Douglas Gary
2938 Medinah
Weston, FL 33332

D.

Gantley, Robert Gerard
2307 89th Street NW
Bradenton, FL 34209

D.

Pollock, John Millard
3533 Stuart Court
Fort Myers, FL 33919