

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036008

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: EDISON INSURANCE COMPANY

## Current Principal Place of Business:

9800 4TH STREET NORTH  
SUITE 307  
ST. PETERSBURG, FL 33702

## New Principal Place of Business:

## Current Mailing Address:

9800 4TH STREET NORTH  
SUITE 307  
ST. PETERSBURG, FL 33702

## New Mailing Address:

FEI Number: 20-2742404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, KELLY K CFO  
EDISON INSURANCE COMPANY  
9800 4TH STREET NORTH  
ST PETERSBURG, FL 33702 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: D      ( ) Delete  
Name: HOWARD, DAVID M  
Address: 4717 ROYAL PALM CIRCLE NE  
City-St-Zip: ST. PETERSBURG, FL 34698

Title: D      ( ) Delete  
Name: KING, KELLY K  
Address: 1421 STURBRIDGE CT.  
City-St-Zip: DUNEDIN, FL 34698

Title: D      ( ) Delete  
Name: TRIPPE, GARY V  
Address: 1275 KASAMADA DRIVE  
City-St-Zip: FT. MYERS, FL 339191622

Title: D      ( ) Delete  
Name: IDELSON, CHARLES K  
Address: 13792 PINE VILLA LANE  
City-St-Zip: FT. MYERS, FL 339121618

Title: D      ( ) Delete  
Name: MOORE, JAMES W  
Address: 867 CYPRESS LAKE CIRCLE  
City-St-Zip: FT. MYERS, FL 33919

Title: D      ( ) Delete  
Name: SHIMP, STEVEN C  
Address: 822 CYPRESS LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 339191622

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: KELLY K. KING

CFO

01/04/2008

Electronic Signature of Signing Officer or Director

Date