**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 11, 2014**
**Secretary of State**
**CC1771257740**

DOCUMENT# P13000056801

**Entity Name:** MITCHELL INSURANCE CORP

**Current Principal Place of Business:**

9490 MT. EVEREST LANE
TALLAHASSEE, FL 32309

**Current Mailing Address:**

9490 MT. EVEREST LANE
TALLAHASSEE, FL 32309

**FEI Number: 46-3837694**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MITCHELL, JOHN
9490 MT. EVEREST LANE
TALLAHASSEE, FL 32309 US

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | MITCHELL, JOHN |
| Address | 9490 MT. EVEREST LANE |
| City-State-Zip: | TALLAHASSEE FL 32309 |

*I hereby 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 all other like empowered.*

SIGNATURE: JOHN MITCHELL PRESIDENT 04/11/2014

Electronic Signature of Signing Officer/Director Detail — Date