## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 502959**

Entity Name: BANKERS INSURANCE COMPANY

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
360 CENTRAL AVE. ST. PETERSBURG, FL 33701			11101 ROOSEVELT BLVD N ST. PETERSBURG, FL 33716		
Current Mailing Address:			New Mailing Address:		
360 CENTRAL AVE. ST. PETERSBURG, FL 33701			11101 ROOSEVELT BLVD N ST. PETERSBURG, FL 33716		
FEI Number:	59-1673015	FEI Number Applied For()	FEI Nun	nber Not Appli	licable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MEEHAN, DAV 11101 ROOSE	) Delete ID K., VELT BLVD. N. SBURG, FL 33716 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GUNTER, BILL 11101 ROOSE			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MENKE, ROBE 11101 ROOSE			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:		) Delete VELT BLVD. N. SBURG, FL 33716 US		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STRONG, JOHN A 11101 ROOSEVELT BLVD. N. SAINT PETERSBURG, FL 33716 US
Title: Name: Address: City-St-Zip:	HUSSEMANN, 11101 ROOSE			Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition MARTZ, BRADFORD B 11101 ROOSEVELT BLVD. N. SAINT PETERSBURG, FL 33716 US
Title: Name: Address: City-St-Zip:	HAIRE, NANCY 11101 ROOSE			Title: Name: Address:	( ) Change ( ) Addition

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: NANCY C. HAIRE AS 04/01/2009