

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622184

FILED
Mar 11, 2008
Secretary of State

Entity Name: OMEGA INSURANCE COMPANY

Current Principal Place of Business:

7201 NW 11TH PLACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

7201 NW 11TH PLACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-1906611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DPCE () Delete
Name: SHIVELY, WILLIAM J
Address: 608 SW 97TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DVP () Delete
Name: THOMASSON, PHILLIP M
Address: 3857 SW 93RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: CD () Delete
Name: WINSTON, JAMES H
Address: 601 II RIVERSIDE AVE #619
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: COOS () Delete
Name: MATZ, DONALD C JR
Address: 10357 SW 45TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WINSTON, MARY B
Address: 4825 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DT () Delete
Name: CURRAN, JOEL
Address: 4007 S.W. 93RD DRIVE
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: MATZ, DONALD C JR.
Address: 4314 SW 96TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

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

Title: S (X) Change () Addition
Name: BENSON, KEYTON
Address: 5814 SW 89TH TERR
City-St-Zip: GAINESVILLE, FL 32608

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: WILLIAM J. SHIVELY

Electronic Signature of Signing Officer or Director

P

03/11/2008

Date