

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 23, 2010
Secretary of State**

DOCUMENT# 622184

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

OFFICERS AND DIRECTORS:

Title: DPCE
Name: SHIVELY, WILLIAM J
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DVP
Name: MATZ, DONALD C JR.
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: CD
Name: WINSTON, JAMES H
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DS
Name: CURRAN, JOEL
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D
Name: MEENAN, TIMOTHY J
Address: 204 SOUTH MUNROE ST.
City-St-Zip: TALLAHASSEE, FL 32301 US

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: DONALD C. MATZ, JR.

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09/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date