

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827050

FILED
Jan 04, 2010
Secretary of State

Entity Name: COMPASS INSURANCE COMPANY

Current Principal Place of Business:

9277 CENTRE POINTE DRIVE
SUITE 140
WEST CHESTER, OH 45069 US

New Principal Place of Business:

Current Mailing Address:

9277 CENTRE POINTE DRIVE
SUITE 140
WEST CHESTER, OH 45069 US

New Mailing Address:

FEI Number: 13-2624826

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: PD
Name: BLACHE, ERNEST J JR.
Address: 9277 CENTRE POINTE DRIVE, SUITE 130
City-St-Zip: WEST CHESTER, OH 45069 US

Title: S
Name: COLLINS, AMY K
Address: 9227 CENTRE POINTE DRIVE
City-St-Zip: WEST CHESTER, OH 45069 US

Title: VTD
Name: SUSSMAN, GARY M
Address: 9277 CENTRE POINTE DRIVE, SUITE 140
City-St-Zip: WEST CHESTER, OH 45069 US

Title: D
Name: HENSON, PATRICIA S
Address: 9277 CENTRE POINTE DRIVE, SUITE 140
City-St-Zip: WEST CHESTER, OH 45069 US

Title: D
Name: SCHNELL, JUDITH A
Address: 9277 CENTRE POINTE DRIVE, SUITE 140
City-St-Zip: WEST CHESTER, OH 45069 US

Title: D
Name: MITTERHOLZER, DOUGLAS O
Address: 9227 CENTRE POINTE DRIVE
City-St-Zip: WEST CHESTER, OH 45069 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: GARY M. SUSSMAN

VTD

01/04/2010

Electronic Signature of Signing Officer or Director

Date