

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835827

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** VININGS INSURANCE COMPANY

**Current Principal Place of Business:**

2410 PACES FERRY ROAD  
SUITE 300  
ATLANTA, GA 30339 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 723099  
ATLANTA, GA 311390099 US

**New Mailing Address:**

**FEI Number:** 56-0773500

**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: VD  
Name: MAUPIN, THOMAS S  
Address: 2410 PACES FERRY RD  
City-St-Zip: ATLANTA, GA 30339

Title: PD  
Name: MITCHELL, PATRICK J  
Address: 2410 PACES FERRY RD  
City-St-Zip: ATLANTA, GA 30339

Title: VD  
Name: PRICE, KENNETH N  
Address: 2410 PACES FERRY RD  
City-St-Zip: ATLANTA, GA 30339

Title: VT  
Name: PINCZES, RENEE A  
Address: 2410 PACES FERRY RD  
City-St-Zip: ATLANTA, GA 30339

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: PATRICK J. MITCHELL

PRES

01/14/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date