

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835827

FILED
Apr 24, 2012
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: 90-0251409

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: 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: VTD
Name: DWOSKIN, OWEN J
Address: 2410 PACES FERRY RD
City-St-Zip: ATLANTA, GA 30339

Title: SV
Name: CRAIG, EDWARDS R
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: CRAIG R. EDWARDS

SV

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date