

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848870

FILED
Apr 11, 2012
Secretary of State

Entity Name: ABILITY INSURANCE COMPANY

Current Principal Place of Business:

ONE CITY CENTER, FIFTH FLOOR
PORTLAND, ME 04101

New Principal Place of Business:

222 SOUTH 15TH STREET
1202S
OMAHA, NE 68102

Current Mailing Address:

ONE CITY CENTER, FIFTH FLOOR
PORTLAND, ME 04101

New Mailing Address:

P.O. BOX 3735
OMAHA, NE 68103 07

FEI Number: 47-0520541

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: DP
Name: YOSUA JR, F J
Address: 10 MCKENNEY POINT RD
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: CEO
Name: CHARSKY, D M
Address: 46 FIELDSTONE FARM ROAD
City-St-Zip: SUDBURY, MA 01776

Title: VT
Name: KOENIG, J H
Address: 10 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: VS
Name: LAWLER, D K
Address: 222 S. 15TH ST. SUITE 1202S
City-St-Zip: OMAHA, NE 68102

Title: V
Name: DUQUETTE, R J
Address: 113 LANDFORD LANE
City-St-Zip: EAST HARTFORD, CT 06118

Title: D
Name: GRANT, JOHN P
Address: 656 N 57TH AVENUE
City-St-Zip: OMAHA, NE 68132

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: D K LAWLER

VS

04/11/2012

Electronic Signature of Signing Officer or Director

Date