2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# F00000005072

Entity Name: CAMICO MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

1235 RADIO ROAD
REDWOOD CITY, CA 94065

New Principal Place of Business:

Current Mailing Address:

1235 RADIO ROAD
REDWOOD CITY, CA 94065

New Mailing Address:

FEI Number: 77-0105482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO ( ) Delete
Name: DODSWORTH, JOHN A
Address: 1235 RADIO ROAD, 2ND FLOOR
City-St-Zip: REDWOOD CITY, CA 94065

Title: CFOV ( ) Delete
Name: OLSON, STUART E
Address: 1235 RADIO ROAD, 2ND FLOOR
City-St-Zip: REDWOOD CITY, CA 94065

Title: S ( ) Delete
Name: ROSARIO, RICARDO R
Address: 1235 RADIO ROAD, 2ND FLOOR
City-St-Zip: REDWOOD CITY, CA 94065

Title: VP ( ) Delete
Name: DENNIS, GAIL A
Address: 1235 RADIO RD
City-St-Zip: REDWOOD CITY, CA 94065

Title: DIR ( ) Delete
Name: BARBICH, LOUIS J
Address: PO BOX 1171
City-St-Zip: BAKERSFIELD, CA 93389

Title: DIR ( ) Delete
Name: CARNE, ROBERT E
Address: 2445 FIFTH AVENUE, SUITE 230
City-St-Zip: SAN DIEGO, CA 92101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: ROSARIO, RICARDO R
Address: 1235 RADIO ROAD, 2ND FLOOR
City-St-Zip: REDWOOD CITY, CA 94065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MAKER, SANDRA A
Address: 1235 RADIO ROAD, 2ND FLOOR
City-St-Zip: REDWOOD CITY, CA 94065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STUART E. OLSON CFOV 04/10/2009

Electronic Signature of Signing Officer or Director Date