

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006265

FILED
Jul 08, 2008
Secretary of State

Entity Name: DIGITAL INSURANCE, INC.

Current Principal Place of Business:

400 GALLERIA PARKWAY SUITE 300
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

400 GALLERIA PARKWAY SUITE 300
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 58-2522668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: BM () Delete
Name: SHULMAN, STEVEN
Address: 39 HAZEN DRIVE
City-St-Zip: AVON, CT 06001

Title: S () Delete
Name: LERER, RENE
Address: 20 ST ANDREWS DRIVE
City-St-Zip: AVON, CT 00602

Title: C () Delete
Name: USILTON, THOMAS O
Address: 9 ASCOT MANOR
City-St-Zip: ATLANTA, GA 30339

Title: TCFO () Delete
Name: RISTAU, CHUCK
Address: 3435 WOODSHIRE XING
City-St-Zip: MARIETTA, GA 30066

Title: PCEO () Delete
Name: BRUCKMAN, ADAM
Address: 4358 HIGBORNE DRIVE
City-St-Zip: MARIETTA, GA 30066

Title: BM () Delete
Name: REIMER, ERIC
Address: 32 PHEASANT CHASE
City-St-Zip: WEST HARTFORD, CT 06117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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: HEATHER WOTHERSPOON

DIR

07/08/2008

Electronic Signature of Signing Officer or Director

Date