

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006265

FILED
Apr 03, 2012
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:

400 GALLERIA PARKWAY
STE 300
ATLANTA, GA 30339 US

Current Mailing Address:

400 GALLERIA PARKWAY SUITE 300
ATLANTA, GA 30339 US

New Mailing Address:

400 GALLERIA PARKWAY
STE 300
ATLANTA, GA 30339 US

FEI Number: 58-2522668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: BRUCKMAN, ADAM PCEO
Address: 400 GALLERIA PARKWAY, STE 300
City-St-Zip: ATLANTA, GA 30339 US

Title: SEC
Name: LERER, RENE SEC
Address: 400 GALLERIA PARKWAY, STE 300
City-St-Zip: ATLANTA, GA 30339 US

Title: VP
Name: SULLIVAN, MIKE VP
Address: 400 GALLERIA PARKWAY, STE 300
City-St-Zip: ATLANTA, GA 30339 US

Title: TCFO
Name: RISTAU, CHUCK TCFO
Address: 400 GALLERIA PARKWAY, STE 300
City-St-Zip: ATLANTA, GA 30339 US

Title: DIR
Name: REIMER, ERIC DIR
Address: 400 GALLERIA PARKWAY, STE 300
City-St-Zip: ATLANTA, GA 30339 US

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: RUSSELL KOPP

POA

04/03/2012

Electronic Signature of Signing Officer or Director

Date