


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90040 021 ***158.75

DOCUMENT # F02000005947					
1. Entity Name BUILDERS INSURANCE (A MUTUAL CAPTIVE COMPANY) INSURANCE COMPANY					
Principal Place of Business 2410 PACES FERRY ROAD SUITE 300 ATLANTA, GA 30339			Mailing Address P.O. BOX 723099 ATLANTA, GA 31139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142008 Chg-P CR2E034 (12/06)	
4. FEI Number 58-2067585				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPP, GERALD A 2410 PACES FERRY ROAD ATLANTA, GA 30339 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T PINOZES, RENEE A. 2410 PACES FERRY RD ATLANTA GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD LOHMEYER, WILLIAM J III 2410 PACES FERRY ROAD ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, MICHAEL F. 2410 PACES FERRY RD, SUITE 300 ATLANTA, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, PATRICK J 2410 PACES FERRY ROAD ATLANTA, GA 30339 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MITCHELL, PATRICK J. 2410 PACES FERRY RD. ATLANTA, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, TROY E 2410 PACES FERRY ROAD ATLANTA, GA 30339 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLES, JOHN C 2410 PACES FERRY ROAD ATLANTA, GA 30339 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ALLEN M 2410 PACES FERRY ROAD ATLANTA, GA 30339 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Renée A. Pinozes</u> <u>3/26/08</u> <u>678-309-4181</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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