

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005947

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** BUILDERS INSURANCE (A MUTUAL CAPTIVE COMPANY) INSURANCE COMPANY

**Current Principal Place of Business:**

2410 PACES FERRY ROAD  
SUITE 300  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 723099  
ATLANTA, GA 31139

**New Mailing Address:**

**FEI Number:** 58-2067585

**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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 US

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: MIKE MIRRIONE

01/08/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: VT ( ) Delete  
Name: PINGLES, CENEE A  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: RYAN, MICHAEL F  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: PD ( ) Delete  
Name: MITCHELL, PATRICK J  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: BARBER, TROY E  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: BOWLES, JOHN C  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: RICHARDSON, ALLEN M  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VT (X) Change ( ) Addition  
Name: PINCZES, RENEE A  
Address: 2410 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

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

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

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: PATRICK J. MITCHELL

O/D

01/08/2009

Electronic Signature of Signing Officer or Director

Date