

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005947

FILED
Apr 24, 2012
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:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: D
Name: JASMUND, DAVID J
Address: 2410 PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30339

Title: D
Name: EISON, CHARLES A
Address: 2410 PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30339

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

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

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

Title: D
Name: FREDERICK, FISHER E
Address: 2410 PACES FERRY RD.
City-St-Zip: ATLANTA, GA 30339

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: CRAIG R. EDWARDS

SV

04/24/2012

Electronic Signature of Signing Officer or Director

Date