2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# F05000007468

Entity Name: BUILDERS INSURANCE GROUP, INC.

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: 58-2453325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INSURANCE COMMISSIONER
FLORIDA DOI
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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: P ( ) Delete
Name: LOHMEYER, WILLIAM J
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: V (X) Delete
Name: MCMURRAY, LINDA
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: S (X) Delete
Name: EDWARDS, CRAIG R
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: TD ( ) Delete
Name: MITCHELL, PATRICK
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: CD ( ) Delete
Name: RICHARDSON, ALLEN
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete
Name: KOPP, GERALD
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: LOHMEYER, WILLIAM J
Address: 2410 PACES FERRY ROAD, SUITE 300
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 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: CRAIG R. EDWARDS O 01/30/2006

Electronic Signature of Signing Officer or Director — Date