2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001957

Entity Name: NATIONSBUILDERS INSURANCE COMPANY

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1900 OVERLOOK III, 2859 PACES FERRY ROAD ATLANTA, GA 30339						
Current Mailing Address:			New Maili	New Mailing Address:		
1900 OVERLOOK III, 2859 PACES FERRY ROAD ATLANTA, GA 30339						
FEI Number:	88-0510281	FEI Number Applied For () FEI N	umber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	w Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE 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:						
Electronic Signature of Registered Agent Date						
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FLEMING, NED	S PKWY STE 111	Title: Name: Address: City-St-Zip:	O (X) C FLEMING, NED N 14001 N DALLAS DALLAS, TX 752	S PKWY STE 111	
Title: Name: Address: City-St-Zip:	DP () FOLEY, PETER 2859 PACES FE ATLANTA, GA 3	RRY ROAD	Title: Name: Address: City-St-Zip:	O (X) O RONALD, SMITH 2859 PACES FEI ATLANTA, GA 30	RRY ROAD	
Title: Name: Address: City-St-Zip:	D () GROSS, JOHN F 5904 DALECRO ASLLEN, VA 23	SS CT	Title: Name: Address: City-St-Zip:	MOORE, ROBER 2859 PACES FEI	RRY ROAD	
Title: Name: Address: City-St-Zip:	MATTESON, MA	S PKWY STE 111	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () STEPHENS, RIC 2250 MCCULLO LAKE HAVASU (CH BLVD	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	CONLON S, TIM	ACKER DR STE 2901	Title: Name: Address: City-St-Zip:	()(Change () Addition	

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: ROBERT MOORE O 07/09/2008