

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001957

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: NATIONSBUILDERS INSURANCE COMPANY

## Current Principal Place of Business:

1900 OVERLOOK III, 2859 PACES FERRY ROAD  
ATLANTA, GA 30339

## New Principal Place of Business:

1401 H. STREET, NW  
SUITE 760  
WASHINGTON, DC 20005

## Current Mailing Address:

1900 OVERLOOK III, 2859 PACES FERRY ROAD  
ATLANTA, GA 30339

## New Mailing Address:

FEI Number: 88-0510281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 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: O ( ) Delete  
Name: FLEMING, NED N  
Address: 14001 N DALLAS PKWY STE 111  
City-St-Zip: DALLAS, TX 75240

Title: O ( ) Delete  
Name: RONALD, SMITH E  
Address: 2859 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: O ( ) Delete  
Name: MOORE, ROBERT C  
Address: 2859 PACES FERRY ROAD  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: MATTESON, MARK R  
Address: 14001 N DALLAS PKWY STE 111  
City-St-Zip: DALLAS, TX 75240

Title: D ( ) Delete  
Name: STEPHENS, RICHARD D  
Address: 2250 MCCULLOCH BLVD  
City-St-Zip: LAKE HAVASU CITY, AZ 86403

Title: V ( ) Delete  
Name: CONLON S, TIMOTHY J  
Address: ONE SOUTH WACKER DR STE 2901  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ROBERT C. MOORE

O

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date