

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003514

FILED
Jul 08, 2008
Secretary of State

Entity Name: ESSENTIA INSURANCE COMPANY

Current Principal Place of Business:

40 WEST OFFICE BUILDING
14567 NORTH OUTER 40
CHESTERFIELD, MO 63017

New Principal Place of Business:

Current Mailing Address:

ONE BEACON LANE
CANTON, MA 02021

New Mailing Address:

FEI Number: 04-2672903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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

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:

Title: PD () Delete
Name: T. MICHAEL MILLER,
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

Title: VD () Delete
Name: ARCHIMEDES, ALEX C
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

Title: VD () Delete
Name: CARNASE, ANDREW C
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

Title: VD () Delete
Name: HENDERSHOTT, DANA P
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

Title: S () Delete
Name: SMITH, DENNIS R
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

Title: T () Delete
Name: MILLS, TODD C
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, TIMOTHY M
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

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: DENNIS R. SMITH

S

07/08/2008

Electronic Signature of Signing Officer or Director

Date