

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003831

FILED
Mar 11, 2009
Secretary of State

Entity Name: CUMBERLAND VALLEY INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

412 N. BROAD STREET
LONDON, KY 40741

New Principal Place of Business:

Current Mailing Address:

412 N. BROAD STREET
LONDON, KY 40741

New Mailing Address:

FEI Number: 61-0923881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 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: P () Delete
Name: MARCUM, LESTER
Address: 412 N. BROAD STREET
City-St-Zip: LONDON, KY 40741

Title: ST () Delete
Name: GREER, ELMO L.
Address: 412 N. BROAD STREET
City-St-Zip: LONDON, KY 40741

Title: D () Delete
Name: GREER, REX
Address: 412 N. BROAD STREET
City-St-Zip: LONDON, KY 40741

Title: D () Delete
Name: GREER, JERRY
Address: 412 N. BROAD STREET
City-St-Zip: LONDON, KY 40741

Title: D () Delete
Name: GREER, LANNY
Address: 412 N. BROAD STREET
City-St-Zip: LONDON, KY 40741

Title: D () Delete
Name: GREER, TODD
Address: 412 N. BROAD STREET
City-St-Zip: LONDON, KY 40741

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: LESTER MARCUM

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date