2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# F09000005146

Entity Name: PALOMAR INSURANCE CORPORATION

Current Principal Place of Business:

4525 EXECUTIVE PARK DRIVE
SUITE 202
MONTGOMERY, AL 36116

New Principal Place of Business:

Current Mailing Address:

4525 EXECUTIVE PARK DRIVE
SUITE 202
MONTGOMERY, AL 36116

New Mailing Address:

FEI Number: 63-0346774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: CRAFT, TONY
Address: 4525 EXECUTIVE PARK DRIVE, SUITE 202
City-St-Zip: MONTGOMERY, AL 36116

Title: COO
Name: SKIPPER, CULLMAN L
Address: 4525 EXECUTIVE PARK DRIVE, SUITE 202
City-St-Zip: MONTGOMERY, AL 36116

Title: CP
Name: SKIPPER, GEORGE W III
Address: 307 SKIPPER DRIVE
City-St-Zip: JACKSON, AL 36545

Title: VC
Name: SKIPPER, RICHARD C
Address: 307 SKIPPER DRIVE
City-St-Zip: JACKSON, AL 36545

Title: VC
Name: SKIPPER, DAVID O
Address: 307 SKIPPER DRIVE
City-St-Zip: JACKSON, AL 36545

I hereby 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 all other like empowered.

SIGNATURE: CULLMAN L SKIPPER COO 03/14/2011

Electronic Signature of Signing Officer or Director — Date