2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# F98000006547

Entity Name: PROFESSIONALS ADVOCATE INSURANCE COMPANY

Current Principal Place of Business:

225 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030

New Principal Place of Business:

Current Mailing Address:

225 INTERNATIONAL CIRCLE
BOX 8016
HUNT VALLEY, MD 21030

New Mailing Address:

FEI Number: 52-1473382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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:	D	( ) Delete
Name:	BROMAN, GEORGE E JR, MD	
Address:	1156 CLUB TERRACE	
City-St-Zip:	FOREST, VA 24551	
Title:	D	( ) Delete
Name:	LEVIN, MARTIN A DDS	
Address:	ST. JAMES-APT 304-3704 N CHARLES	
City-St-Zip:	BALTIMORE, MD 212182305	
Title:	D	( ) Delete
Name:	SWITZ, DONALD M MD	
Address:	19 MAXWELL RD	
City-St-Zip:	RICHMOND, VA 23226	
Title:	D	( ) Delete
Name:	WORTHINGTON, RANDALL P SR	
Address:	PO BOX 900	
City-St-Zip:	FOREST HILL, MD 21050	
Title:	T	( ) Delete
Name:	DUVALL, MARY L	
Address:	225 INTERNATIONAL CIRCLE BOX 8016	
City-St-Zip:	HUNT VALLEY, MD 21030	
Title:	P	( ) Delete
Name:	MURRAY, DAVID L	
Address:	225 INTERNATIONAL CIRCLE	
City-St-Zip:	HUNT VALLEY, MD 21030	

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:	D	(X) Change ( ) Addition
Name:	WORTHINGTON, RANDALL P SR	
Address:	2011 ROCK SPRING ROAD	
City-St-Zip:	FOREST HILL, MD 21050	
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: MARY LURA DUVALL T 01/16/2009

Electronic Signature of Signing Officer or Director — Date