

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005778

FILED
Jan 08, 2007
Secretary of State

Entity Name: PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL COMPANY

Current Principal Place of Business:

110 WESTWOOD PLACE, SUITE 100
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

110 WESTWOOD PLACE, SUITE 100
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 58-1403235

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 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: PCEO () Delete
Name: BRANT, JERRY D DPM
Address: 110 WESTWOOD PLACE, SUITE 100
City-St-Zip: BRENTWOOD, TN 37027

Title: S () Delete
Name: BUTLIN, WINFIELD E DPM
Address: 2193 NORTHLAKE PARKWAY, BLDG. 12, STE 114
City-St-Zip: TUCKER, GA 30084

Title: C () Delete
Name: GEORGE, JOHN E DPM
Address: 255 PARK AVENUE, SUITE 803
City-St-Zip: WORCESTER, MA 01609

Title: V () Delete
Name: JOHNSON, J. BARRY DPM
Address: 3314 HEALY DRIVE, SUITE 102
City-St-Zip: WINSTON-SALEM, NC 27103

Title: AS () Delete
Name: FOX, JANET C
Address: 110 WESTWOOD PLACE, SUITE 100
City-St-Zip: BRENTWOOD, TN 37027

Title: T () Delete
Name: CLARK, WALTER D
Address: 2012 EIGHTH COURT SOUTH
City-St-Zip: BIRMINGHAM, AL 35205

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: V (X) Change () Addition
Name: LAKAMP, STEVEN F DPM
Address: 8404 BEECHMONT AVE.
City-St-Zip: CINCINNATI, OH 45255

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 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: JANET C. FOX

AS

01/08/2007

Electronic Signature of Signing Officer or Director

Date