2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P02484

Entity Name: INVESTORS INSURANCE CORPORATION

Current Principal Place of Business:

8380 BAYMEADOWS RD
STE 12
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56050
JACKSONVILLE, FL 322416050 US

New Mailing Address:

FEI Number: 93-0465369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, SUSAN F
8380 BAYMEADOWS RD
STE 12
JACKSONVILLE, FL 32256 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: CEOD ( ) Delete
Name: CORCOS, YVES
Address: 3900 DALLAS PARKWAY, SUITE 200
City-St-Zip: PLANO, TX 75093 US

Title: SVPT ( ) Delete
Name: LAXTON, ROGER
Address: 3900 DALLAS PARKWAY #200
City-St-Zip: PLANO, TX 75093 US

Title: CSGC ( ) Delete
Name: VERNE, MAXINE H
Address: 199 WATER STREET, 21ST FL
City-St-Zip: NEW YORK, NY 10038 US

Title: EVD ( ) Delete
Name: POWELL, SUSAN F
Address: 8380 BAYMEADOWS ROAD, SUITE 12
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: ACS ( ) Delete
Name: TELLES, LUCY
Address: 3900 DALLAS PKWY 200
City-St-Zip: PLANO, TX 75093 US

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:

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: SUSAN F. POWELL EVP 01/07/2009

Electronic Signature of Signing Officer or Director — Date