

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02484

FILED
Apr 03, 2009
Secretary of State

Entity Name: INVESTORS INSURANCE CORPORATION

Current Principal Place of Business:

8380 BAYMEADOWS RD
STE 12
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

2970 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257 US

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

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: CEOD (X) Change () Addition
Name: PADO, MICHAEL
Address: 3900 DALLAS PARKWAY, SUITE 200
City-St-Zip: PLANO, TX 75093 US

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

EVD

04/03/2009

Electronic Signature of Signing Officer or Director

Date