2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

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Entity Name: ST. JOHNS INSURANCE COMPANY, INC.

Current Principal Place of Business:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 43-2035217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: D
Name: MCCAHILL, JAMES J
Address: 6131 LOUISE COVE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: ST
Name: FALZARANO, EDWARD D
Address: 3431 FERNLAKE PL
City-St-Zip: LONGWOOD, FL 32779

Title: PD
Name: BOWEN, REESE I
Address: 10 SUMMERLIN AVE., UNIT 42
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: LUCAS, ROBERT P
Address: 6258 BLAKEFORD DR
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: MCHATTIE, CHRISTOPHER J
Address: 7 BRADFORD TERRACE
City-St-Zip: BOONTON, NJ 07005

Title: D
Name: CULBERTSON, MICHAEL A
Address: 4624 SYLVAN DR.
City-St-Zip: COLUMBIA, SC 29206

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: ROBERT P LUCAS D 03/04/2011

Electronic Signature of Signing Officer or Director — Date