

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161062

FILED
Jan 07, 2011
Secretary of State

Entity Name: SOUTHERN OAK INSURANCE COMPANY

Current Principal Place of Business:

200 WEST FORSYTH STREET
#1200
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

200 WEST FORSYTH STREET
#1200
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 02-0733996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES ST.
TALLAHASSEE, FL 32314 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: PD
Name: LOUGHMAN, TONY A
Address: 189 OCEANS EDGE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD
Name: NATHERSON, RONALD E JR.
Address: 13113 QUINCY BAY DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: CTD
Name: PAJCIC, STEPHEN J III
Address: 1917 MONTGOMERY PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: PAJCIC, ANNE K
Address: .1917 MONTGOMERY PLACE
City-St-Zip: JACKSONVILLE, FL 32205

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: TONY LOUGHMAN

PD

01/07/2011

Electronic Signature of Signing Officer or Director

Date