

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036008

FILED
Jan 20, 2009
Secretary of State

Entity Name: EDISON INSURANCE COMPANY

Current Principal Place of Business:

9800 4TH STREET NORTH
SUITE 307
ST. PETERSBURG, FL 33702

New Principal Place of Business:

9800 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33702

Current Mailing Address:

9800 4TH STREET NORTH
SUITE 307
ST. PETERSBURG, FL 33702

New Mailing Address:

9800 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33702

FEI Number: 20-2742404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, KELLY K CFO
EDISON INSURANCE COMPANY
9800 4TH STREET NORTH
ST PETERSBURG, FL 33702 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: D () Delete
Name: HOWARD, DAVID M
Address: 4717 ROYAL PALM CIRCLE NE
City-St-Zip: ST. PETERSBURG, FL 34698

Title: D () Delete
Name: KING, KELLY K
Address: 1421 STURBRIDGE CT.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: TRIPPE, GARY V
Address: 1275 KASAMADA DRIVE
City-St-Zip: FT. MYERS, FL 339191622

Title: D () Delete
Name: IDELSON, CHARLES K
Address: 13792 PINE VILLA LANE
City-St-Zip: FT. MYERS, FL 339121618

Title: D () Delete
Name: MOORE, JAMES W
Address: 867 CYPRESS LAKE CIRCLE
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: SHIMP, STEVEN C
Address: 822 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 339191622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOWARD, DAVID M
Address: 357 BELLEAIR DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33704

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: KELLY K. KING

CFO

01/20/2009

Electronic Signature of Signing Officer or Director

Date