2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057770

1. Entity Name
APC INSURANCE COMPANY

Principal Place of Business	Mailing Address
3000 WEST CYPRESS CREEK RD.	3000 WEST CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309 US	FORT LAUDERDALE, FL 33309 US

03312006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [✓] Applied For / Not Applicable

5. Certificate of Status Desired [ ]   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, MATTHEW T	Name
3000 WEST CYPRESS CREEK RD.	Street Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE, FL 33309	City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ]   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	11. TITLE/NAME/ADDRESS	Change	Addition
CEO	MORGAMAN, PHILIP E	3000 WEST CYPRESS CREEK RD.	FORT LAUDERDALE, FL 33309	[ ]		[ ]	[ ]
PD	STEPHENSON, MARK	3000 WEST CYPRESS CREEK RD.	FORT LAUDERDALE, FL 33309	[ ]		[ ]	[ ]
D	NICHOLS, NEAL C	3251 WASHINGTON BLVD.	ARLINGTON, VA 22201	[ ]		[ ]	[ ]
D	SPRUCE, WILLIAM D	3000 WEST CYPRESS CREEK RD.	FORT LAUDERDALE, FL 33309	[ ]		[ ]	[ ]
SVPT	GARDNER, DEBORAH S	3000 WEST CYPRESS CREEK RD.	FORT LAUDERDALE, FL 33309	[ ]	SV/T CFO	[✓] Change	[ ]
VPS	JONES, MATTHEW T	3000 WEST CYPRESS CREEK RD.	FORT LAUDERDALE, FL 33309	[ ]		[ ]	[ ]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Matthew T. Jones 3/31/06 854 7536165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ATTACHMENT 40044598

APC INSURANCE COMPANY
ADDITIONAL DIRECTORS AND OFFICERS:

Title: VP
Name: Joseph A. Matteis
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Marilyn Peterson
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Paul Chabarek
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Nicole Boodram
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309