

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075735

FILED
Jan 07, 2009
Secretary of State

Entity Name: MAGNOLIA INSURANCE COMPANY

Current Principal Place of Business:

260 GLENRIDGE RD
KEY BISCAYNE, FL 33149

New Principal Place of Business:

2601 SOUTH BAYSHORE DRIVE
SUITE 1215
COCONUT GROVE, FL 33133

Current Mailing Address:

260 GLENRIDGE RD
KEY BISCAYNE, FL 33149

New Mailing Address:

2601 SOUTH BAYSHORE DRIVE
SUITE 1215
COCONUT GROVE, FL 33133

FEI Number: 20-2878592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
JENNIFER D WESTERLUND
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: DP () Delete
Name: IRL, H JAMES
Address: 260 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D () Delete
Name: HARRISON, PETER
Address: 669 S. MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: DT () Delete
Name: PATTERSON, GREGG
Address: 2122 JENETTE ST.
City-St-Zip: TALLAHASSEE, FL US

Title: D () Delete
Name: RAMON, ERNESTO
Address: 781 CRANDON BLVD #806
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: DS () Delete
Name: SARASUA, ALBERTO
Address: 442 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: H. JAMES IRL

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date