2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166246

Entity Name: WINDHAVEN INSURANCE COMPANY

FILED Apr 18, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5835 BLUE LAGOON DRIVE SUITE 401 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

5835 BLUE LAGOON DRIVE SUITE 401 MIAMI, FL 33126

FEI Number: 20-4003938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA DIVISION OF LEGAL SERVICE OF PROCESS SECTI ON, 200 E GAINES ST TALLAHASSEE, FL 32314 US

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: WHITED, JIMMY E
Address: 815 S ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: CFO

Name: WHITED, JIMMY E
Address: 815 S ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: STY

Name: SCRUGGS, DAVID Address: 5917 NEWGATE LN City-St-Zip: PLANO, TX 75093

Title: [

Name: VALDIVIESO, MANNY Address: 3082 LIME COURT City-St-Zip: MIAMI, FL 33133

Title: [

Name: WOLLENBERG, SUSAN Address: 14201 NIEMAN ST City-St-Zip: OVERLAND PK, KS 66221

Title:

Name: TURNER, BEN

Address: 9207 SPRINGWOOD DRIVE

City-St-Zip: AUSTIN, TX 78750

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: JIMMY ERIC WHITED CFO 04/18/2011