2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# P06000025867

Entity Name: SAFE HARBOR INSURANCE COMPANY

Current Principal Place of Business:

1545 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

1545 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

FEI Number: 59-3827386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANG, DOUGLAS A ESQ
660 E JEFFERSON STREET
TALLAHASSEE, FL 32301 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: C ( ) Delete
Name: MILO, RALPH
Address: 7771 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: D ( ) Delete
Name: ROCHE, WILLIAM E
Address: 345 CLINTON STREET
City-St-Zip: BORRKLYN, NY 11231

Title: D ( ) Delete
Name: JESTER, ROBERT C
Address: PO BOX 11548
City-St-Zip: ZEPHYR COVE, NV 89448

Title: D ( ) Delete
Name: MCNITT, MICHAEL L
Address: 5624 BELLEVUE AVE
City-St-Zip: LA JOLLA, CA 920377525

Title: D ( ) Delete
Name: EIGAN, MICHAEL K
Address: 148 SCOTT DR
City-St-Zip: ATLANTIC BEACH, NY 11509

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: D (X) Change ( ) Addition
Name: EIGEN, MICHAEL K
Address: 148 SCOTT DR
City-St-Zip: ATLANTIC BEACH, NY 11509

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL K EIGEN D 04/09/2007

Electronic Signature of Signing Officer or Director — Date