

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025867

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: SAFE HARBOR INSURANCE COMPANY

## Current Principal Place of Business:

2549 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

2549 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-3827386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATLOCK, GEORGE V ESQ  
2549 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 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: BROOKLYN, 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: EIGEN, 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: ( ) 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: MICHAEL EIGEN

SEC

01/21/2009

Electronic Signature of Signing Officer or Director

Date