2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102751

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SEC

14300 ALAMANDA AVENUE MIAMI LAKES, FL 33014

NIVAR-MCLAUGHLIN, INGRID

PEMBROKE PINES, FL 33029

17628 SW 11 STREET

Entity Name: MUTUAL INSURANCE GROUP OF FLORIDA, INC

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5580 W. 16 SUITE 105 HIALEAH, F					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5580 W. 16 SUITE 105 HIALEAH, F					
FEI Number:	27-2148910	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:					
MCLAUGHLIN, BRIAN 17628 SW 11 STREET PEMBROKE PINES, FL 33029 US					
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	AND DIREC	CTORS:			
Title: Name: Address: City-St-Zip:	P MCLAUGHLIN 17628 SW 11 PEMBROKE P				
Title: Name:	VP MARIA, MARIO)			

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: BRIAN MCLAUGHLIN PRES 04/30/2012