

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148383

FILED
Apr 23, 2008
Secretary of State

Entity Name: ADMIN INSURANCE GROUP, INC

Current Principal Place of Business:

34942 NASHUA BOULEVARD
SORRENTO, FL 32776

New Principal Place of Business:

780 DELTONA BLVE, STE 201
DELTONA, FL 32725 US

Current Mailing Address:

PO BOX 669
SORRENTO, FL 327760669

New Mailing Address:

780 DELTONA BLVE, STE 201
DELTONA, FL 32725 US

FEI Number: 22-3947979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD () Delete
Name: NAULT, JOSEPH A
Address: 34942 NASHUA BOULEVARD
City-St-Zip: SORRENTO, FL 32776

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: URSETH, JAMES R
Address: 4829 PINE NEEDLE DRIVE
City-St-Zip: PEQUOT LAKES, MN 56472 US

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: JOSEPH A NAULT

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date