

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148383

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ADMIN INSURANCE GROUP, INC

## Current Principal Place of Business:

780 DELTONA BLVE, STE 201  
DELTONA, FL 32725 US

## New Principal Place of Business:

## Current Mailing Address:

780 DELTONA BLVE, STE 201  
DELTONA, FL 32725 US

## New Mailing Address:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH A NAULT

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date