

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061380

FILED
Feb 28, 2011
Secretary of State

Entity Name: OLYMPUS INSURANCE COMPANY

Current Principal Place of Business:

7380 W SAND LAKE ROAD
SUITE 115
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7380 W SAND LAKE ROAD
SUITE 115
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-0211369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST. 32399
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: D
Name: POWELL, LON JARED
Address: 7380 W SAND LAKE ROAD, STE 115
City-St-Zip: ORLANDO, FL 32819

Title: DPCF
Name: LOWRY, WILLIAM
Address: 7380 W SAND LAKE ROAD, STE 115
City-St-Zip: ORLANDO, FL 32819 US

Title: D
Name: STENCEL, DANIEL
Address: 7380 W SAND LAKE ROAD, STE 115
City-St-Zip: ORLANDO, FL 32819 US

Title: CEOS
Name: SCOTT, JEFFREY B
Address: 7380 W SAND LAKE ROAD, STE 115
City-St-Zip: ORLANDO, FL 32819 US

Title: D
Name: WACASTER, STEVEN
Address: 7380 W SAND LAKE ROAD, STE 115
City-St-Zip: ORLANDO, FL 32819 US

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: JENNIFER GRAVELLE

VP

02/28/2011

Electronic Signature of Signing Officer or Director

Date