

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062429

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: SAWGRASS MUTUAL INSURANCE COMPANY

## Current Principal Place of Business:

48 GREENS RD  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

351 SW 136TH AVE  
SUITE 205  
DAVIE, FL 33325

## Current Mailing Address:

48 GREENS RD  
HOLLYWOOD, FL 33021

## New Mailing Address:

351 SW 136TH AVE  
SUITE 205  
DAVIE, FL 33325

FEI Number: 26-0280296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YON, DAVID A  
301 S BRONOUGH ST  
STE 200  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: ESSE, JAMES A  
Address: 48 GREENS RD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: SIMON, DAVID F  
Address: 9361 SW 140 ST  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: VIRTUE, ROBERT (BOB) F  
Address: 2118 NE 15TH ST  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: NEWMAN, JAMES (JAY) W JR  
Address: 1101 OLD FORT DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: TRAVER, JOHN  
Address: 2824 NE 35TH CT  
City-St-Zip: FT LAUDERDALE, FL 33308

## 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: JAMES A. ESSE

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date