2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

DOCUMENT# P07000062429

Entity Name: SAWGRASS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

351 SW 136TH AVE
SUITE 205
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

351 SW 136TH AVE
SUITE 205
DAVIE, FL 33325

New Mailing Address:

FEI Number: 26-0280296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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
Name: ESSE, JAMES A
Address: 48 GREENS RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: CHAFFIN, RANDELL C
Address: 6467 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: D
Name: DUMM, RANDY
Address: 3231 SHAMROCK STREET EAST
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: D
Name: O'NEAL, DANIEL R
Address: 4010 NE 31ST AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: JAMES A. ESSE D 03/26/2010

Electronic Signature of Signing Officer or Director — Date