

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062429

FILED
Apr 13, 2011
Secretary of State

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 ()

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: GOLDBERG, LEONARD R
Address: 65 MARKET STREET, 1207
City-St-Zip: JASMINE COURT, CAMANA BAY, CI KY11205

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

Title: D
Name: GUY, MARVIN
Address: 4741 PIRATES BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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 ESSE

P

04/13/2011

Electronic Signature of Signing Officer or Director

Date