2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P08000011476

Entity Name: AVATAR PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

1408 N. WESTSHORE BLVD.
SUITE 805
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1408 N. WESTSHORE BLVD.
SUITE 805
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-0718939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADHIA, HITESH P
1408 N. WESTSHORE BLVD.
SUITE 805
TAMPA, FL 33607 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:	ADHIA, HITESH P	
Address:	5102 LONGBOAT BLVD.	
City-St-Zip:	TAMPA, FL 33615	
Title:	D	( ) Delete
Name:	KARIA, MANUBHAI	
Address:	54 MERION ROAD	
City-St-Zip:	DOVER, DE 19904	
Title:	D	( ) Delete
Name:	MCALLISTER, CAROL K	
Address:	17252 BREEDERS CUP DRIVE	
City-St-Zip:	ODESS, FL 33556	
Title:	D	( ) Delete
Name:	PATEL, KIRAN C	
Address:	11609 CARROLLWOOD DRIVE	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	PATEL, SANDIP I	
Address:	1950 PETERS PLACE	
City-St-Zip:	CLEARWATER, FL 33764	

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: HITESH P. ADHIA CFO 04/20/2009

Electronic Signature of Signing Officer or Director — Date