2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

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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
Name: ADHIA, HITESH P
Address: 5102 LONGBOAT BLVD.
City-St-Zip: TAMPA, FL 33615

Title: D
Name: KARIA, MANUBHAI
Address: 54 MERION ROAD
City-St-Zip: DOVER, DE 19904

Title: D
Name: MCALLISTER, CAROL K
Address: 17252 BREEDERS CUP DRIVE
City-St-Zip: ODESS, FL 33556

Title: D
Name: PATEL, KIRAN C
Address: 11609 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D
Name: PATEL, SANDIP I
Address: 1950 PETERS PLACE
City-St-Zip: CLEARWATER, FL 33764

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: CAROL MCALLISTER CFO 01/11/2010

Electronic Signature of Signing Officer or Director — Date