

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000382

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** EDUCATORS INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

365 CITRUS TOWER BLVD., STE 104  
CLERMONT, FL 34711

**New Principal Place of Business:**

3745 S HIGHWAY 27 STE A  
CLERMONT, FL 34711

**Current Mailing Address:**

365 CITRUS TOWER BLVD., STE 104  
CLERMONT, FL 34711

**New Mailing Address:**

3745 S HIGHWAY 27 STE A  
CLERMONT, FL 34711

**FEI Number:** 26-3956803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINS, NANCY A  
365 CITRUS TOWER BLVD  
104  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

WILKINS, NANCY A  
3745 S HIGHWAY 27  
A  
CLERMONT, FL 34711 US

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: NANCY A WILKINS

04/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,T,  
Name: WILKINS, NANCY  
Address: 3745 S HIGHWAY 27 STE A  
City-St-Zip: CLERMONT, FL 34711

Title: VP,S  
Name: WILKINS, THOMAS  
Address: 3745 S HIGHWAY 27 STE A  
City-St-Zip: CLERMONT, FL 34711

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: NANCY A WILKINS

P

04/17/2012

Electronic Signature of Signing Officer or Director

Date