2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# P09000032477

Entity Name: EMPLOYER CHOICE INSURANCE COMPANY, INC.

Current Principal Place of Business:

602 COURTLAND AVE STE 161
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

602 COURTLAND AVE STE 161
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 27-0210036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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: CD
Name: MORRISON, RICH
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32893

Title: STD
Name: SEIFERT, LEWIS
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32893

Title: D
Name: SOLER, EDDIE
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32893

Title: PD
Name: LAY, KEVIN
Address: 602 COURTLAND AVE STE 161
City-St-Zip: ORLANDO, FL 32804

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: KEVIN LAY PD 02/14/2012

Electronic Signature of Signing Officer or Director Date