

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 01, 2011
Secretary of State

Entity Name: LAKEVIEW INSURANCE COMPANY

Current Principal Place of Business:

27599 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

27599 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 26-4746833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, CLYDE W JR.
GALLOWAY BRENNAN AND BILLMEIER, P.A.
240 E 5TH AVENUE
TALLAHASSEE, FL 32303 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: CEO
Name: HARDY, WALTER D
Address: 27599 RIVERVIEW CENTER BLVD, #100
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: CFO
Name: WIGGS, WILLIAM H
Address: 27599 RIVERVIEW CENTER BLVD, #100
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: CONT
Name: LIGGETT, ROBERT A
Address: 27599 RIVERVIEW CENTER BLVD, #100
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: PRES
Name: CORRIGAN, PETER J
Address: 27599 RIVERVIEW CENTER BLVD, #100
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: CIO
Name: YANAN, FRANK J
Address: 27599 RIVERVIEW CENTER BLVD, #100
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: ROBERT LIGGETT

CONT

04/01/2011

Electronic Signature of Signing Officer or Director

Date