2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: INDEMNITY CAPITAL INSURANCE CORP

Current Principal Place of Business:

1300 EAST 8TH AVENUE
SUITE F300
TAMPA, FL 33605

New Principal Place of Business:

400 NORTH ASHLEY DRIVE, SUITE 2600
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 310695
TAMPA, FL 33680

New Mailing Address:

FEI Number: 87-0804170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLETON, DARISE D
1300 EAST 8TH AVENUE
SUITE F300
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

MIDDLETON, DARISE D
400 NORTH ASHLEY DRIVE, SUITE 2600
TAMPA, FL 33602 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: DARISE MIDDLETON, SR. 04/30/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MIDDLETON, DARISE D SR.
Address: 400 NORTH ASHLEY DRIVE, SUITE 2600
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: MIDDLETON, CHRISTOPHER T
Address: 400 NORTH ASHLEY DRIVE, SUITE 2600
City-St-Zip: TAMPA, FL 33602

Title: SEC
Name: MIDDLETON, DARISE D SR
Address: 400 NORTH ASHLEY DRIVE, SUITE 2600
City-St-Zip: TAMPA, FL 33602

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: DARISE MIDDLETON, SR., PHD PRES 04/30/2011
Electronic Signature of Signing Officer or Director Date