

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12686

FILED
Jan 17, 2011
Secretary of State

Entity Name: OMNI INSURANCE COMPANY

Current Principal Place of Business:

2018 POWERS FERRY ROAD
ATLANTA, GA 303395003

New Principal Place of Business:

Current Mailing Address:

1862 CHARTER LANE
SUITE 102
LANCASTER, PA 17601

New Mailing Address:

FEI Number: 58-1408232 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: TCFO
Name: KEYSER, MARK J
Address: 2018 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 303395003

Title: SCEO
Name: LOCKHORN, WILLIAM B
Address: 2018 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 303395003

Title: P
Name: ARNESON, BRUCE S
Address: 2018 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 30339

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: MARK J KEYSER

CFO

01/17/2011

Electronic Signature of Signing Officer or Director

Date