
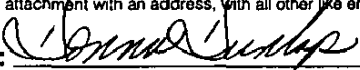


FILED
Apr 04, 2005 8:00 am
Secretary of State

40045212

DOCUMENT # P17660			
1. Entity Name ENERGY INSURANCE MUTUAL LIMITED COMPANY			
Principal Place of Business 6200 COURTNEY CAMPBELL CSWY STE 550 TAMPA, FL 33607 US		Mailing Address 6200 COURTNEY CAMPBELL CSWY STE 550 TAMPA, FL 33607 US	
2. Principal Place of Business 3000 Bayport Drive		3. Mailing Address 3000 Bayport Drive	
Suite, Apt. #, etc. Suite 550		Suite, Apt. #, etc. Suite 550	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33607	Country USA	Zip 33607	Country USA
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS DUNLAP, DONNA 6200 COURTNEY CAMPBELL, STE 550 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS Dunlap, Donna 3000 Bayport Drive, Ste. 550 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARMICHAEL, TREVOR A. CHANCERY HOUSE BRIDGETOWN, BARBADOS. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTHINGTON, BRUCE R ONE MARKET, SPEAR TOWER #2400 SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HADLER, DAVID L. 6200 COURTNEY CAMPBELL #550 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD Hadler, David L. 3000 Bayport Drive, Ste. 550 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DODSON, MARK S 220 N.W. SECOND AVENUE PORTLAND, OR 97209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VFCF GARVIN, SAMUEL M JR 6200 COURNEY CAMPBELL, STE. 550 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCF Garvin, Samuel M. Jr. 3000 Bayport Drive, Ste. 550 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.04(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-28-05 (813) 281-2117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	