

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P17660

1. Entity Name
ENERGY INSURANCE MUTUAL LIMITED COMPANY



Principal Place of Business

3000 BAYPORT DRIVE
STE 550
TAMPA, FL 33607 US

Mailing Address

3000 BAYPORT DRIVE
STE 550
TAMPA, FL 33607 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0078873
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000448892
03/09/06-80031-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	DUNLAP, DONNA
STREET ADDRESS	3000 BAYPORT DRIVE, STE 550
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	SD
NAME	CARMICHAEL, TREVOR A.
STREET ADDRESS	CHANCERY HOUSE
CITY-ST-ZIP	BRIDGETOWN, BARBADOS,
TITLE	D
NAME	WORTHINGTON, BRUCE R
STREET ADDRESS	ONE MARKET, SPEAR TOWER #2400
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	CEOD
NAME	HADLER, DAVID L.
STREET ADDRESS	3000 BAYPORT DRIVE, STE 550
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	DODSON, MARK S
STREET ADDRESS	220 N.W. SECOND AVENUE
CITY-ST-ZIP	PORTLAND, OR 97209
TITLE	VPCF
NAME	GARVIN, SAMUEL M JR
STREET ADDRESS	3000 BAYPORT DRIVE, STE 550
CITY-ST-ZIP	TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna Dunlap
Donna Dunlap
2-24-06 813 287-2117