


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P17660 1. Entity Name ENERGY INSURANCE MUTUAL LIMITED COMPANY	
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Principal Place of Business 3000 BAYPORT DRIVE STE 550 TAMPA, FL 33607 US	Mailing Address 3000 BAYPORT DRIVE STE 550 TAMPA, FL 33607 US
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03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0078873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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: *Donna Dunlap* **Donna Dunlap** **4-6-07** **(813) 289-2117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #