2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P17660

Entity Name: ENERGY INSURANCE MUTUAL LIMITED COMPANY

Current Principal Place of Business:

3000 BAYPORT DRIVE
STE 550
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3000 BAYPORT DRIVE
STE 550
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 98-0078873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CS ( ) Delete
Name: BRYANT, JOAN
Address: 3000 BAYPORT DRIVE, STE. 550
City-St-Zip: TAMPA, FL 33607

Title: SD ( ) Delete
Name: CARMICHAEL, TREVOR A.
Address: CHANCERY HOUSE
City-St-Zip: BRIDGETOWN, BARBADOS,

Title: D ( ) Delete
Name: SHIVERY, CHARLES
Address: 107 SELDEN STREET
City-St-Zip: BERLIN, CT 06037

Title: CEOD ( ) Delete
Name: HADLER, DAVID L.
Address: 3000 BAYPORT DRIVE, STE 550
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: DODSON, MARK S
Address: 220 N.W. SECOND AVENUE
City-St-Zip: PORTLAND, OR 97209

Title: VPCF ( ) Delete
Name: GARVIN, SAMUEL M JR
Address: 3000 BAYPORT DRIVE, STE 550
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: CARMICHAEL, TREVOR A
Address: CHANCERY HOUSE
City-St-Zip: BRIDGETOWN, BARBADOS, BB BB

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAN BRYANT CS 04/13/2009

Electronic Signature of Signing Officer or Director Date