

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17660

FILED
Apr 17, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: CS
Name: BOLTON, G. THOMAS
Address: 3000 BAYPORT DRIVE, STE. 550
City-St-Zip: TAMPA, FL 33607

Title: SD
Name: CARMICHAEL, TREVOR A
Address: CHANCERY HOUSE
City-St-Zip: BRIDGETOWN, BARBADOS, BB BB

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

Title: CEOD
Name: GOODELL, SCOTT K
Address: 3000 BAYPORT DRIVE, STE 550
City-St-Zip: TAMPA, FL 33607

Title: D
Name: HOLLAND, G. EDISON JR
Address: 30 IVAN ALLEN JUNIOR BLVD. NW
City-St-Zip: ATLANTA, GA 30308

Title: D
Name: HATFIELD, JAMES
Address: 9042 400 NORTH 5TH STREET
City-St-Zip: PHOENIX, AZ 85004

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: G. THOMAS BOLTON

CS

04/17/2012

Electronic Signature of Signing Officer or Director

Date