

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26407

FILED
Mar 01, 2012
Secretary of State

Entity Name: COMPUTER INSURANCE COMPANY

Current Principal Place of Business:

10 WEYBOSSET ST.
SUITE 502
PROVIDENCE, RI 029032818

New Principal Place of Business:

Current Mailing Address:

10 WEYBOSSET ST.
SUITE 502
PROVIDENCE, RI 029032818

New Mailing Address:

FEI Number: 05-0443418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PD
Name: ROTHMAN, IRVING H
Address: 10 WEYBOSSET ST
City-St-Zip: PROVIDENCE, RI 02903 US

Title: V
Name: GOLD, GERRI
Address: 10 WEYBOSSET ST.
City-St-Zip: PROVIDENCE, RI 02903 US

Title: S
Name: MASON-JIMERSON, DESRIE
Address: 10 WEYBOSSET ST.
City-St-Zip: PROVIDENCE, RI 02903 US

Title: VD
Name: MCCARTHY, DANIEL
Address: 10 WYEBOSSET ST.
City-St-Zip: PROVIDENCE, RI 02903 US

Title: V
Name: BISHOP, ROY
Address: 10 WEYBOSSET ST.
City-St-Zip: PROVIDENCE, RI 02903 US

Title: TD
Name: FOWLIS, IAN
Address: 10 WEYBOSSET ST.
City-St-Zip: PROVIDENCE, RI 02903 US

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: DESRIE MASON-JIMERSON

S

03/01/2012

Electronic Signature of Signing Officer or Director

Date