2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P33353

Entity Name: PEGASUS INSURANCE COMPANY, INC.

Current Principal Place of Business:

ONE INDEPENDENCE PLAZA
SUITE 520
BIRMINGHAM, AL 35209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 729
ALEXANDER CITY, AL 35011 US

New Mailing Address:

FEI Number: 71-0526209 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: STARK, NATHAN W
Address: 860 AIRPORT DRIVE
City-St-Zip: ALEXANDER CITY, AL 35010

Title: VST ( ) Delete
Name: STARK, WANDA C
Address: 860 AIRPORT DRIVE
City-St-Zip: ALEXANDER CITY, AL 35010

Title: V ( ) Delete
Name: HARRIS, BRENDA F
Address: ONE INDEPENDENCE PLAZA SUITE 520
City-St-Zip: BIRMINGHAM, AL 35209

Title: ASD ( ) Delete
Name: HAYNES, WALLIS S
Address: ONE INDEPENDENCE PLAZA SUITE 520
City-St-Zip: BIRMINGHAM, AL 35209

Title: CFO ( ) Delete
Name: WALTERS, CRYSTAL D
Address: 907 OVERHILL DRIVE
City-St-Zip: ALEXANDER CITY, AL 35010

Title: D ( ) Delete
Name: HILSMAN, JOSEPH
Address: 2714 HILTON AVENUE
City-St-Zip: COLUMBUS, GA 31906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CRYSTAL DUNN WALTERS CFO 04/22/2009

Electronic Signature of Signing Officer or Director Date