2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# P38681

Entity Name: PROASSURANCE INDEMNITY COMPANY, INC.

Current Principal Place of Business:

100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 590009
BRIMINGHAM, AL 35259

New Mailing Address:

FEI Number: 63-0720042 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	STARNES, W. STANCIL	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	PENSACOLA, FL 32509	
Title:	D	( ) Delete
Name:	RAND, EDWARD L JR.	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	BIRMINGHAM, AL 35209	
Title:	S	( ) Delete
Name:	NEVILLE, KATHRYN A	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	BIRMINGHAM, AL 35209	
Title:	T	( ) Delete
Name:	MORELLO, JAMES J.	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	BIRMINGHAM, AL	
Title:	D	( ) Delete
Name:	ADAMO, VICTOR T	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	BIRMINGHAM, AL 35209	
Title:	PD	( ) Delete
Name:	FRIEDMAN, HOWARD H	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	BIRMINGHAM, AL 35209	

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:	T	(X) Change ( ) Addition
Name:	RAND, EDWARD L JR.	
Address:	100 BROOKWOOD PLACE	
City-St-Zip:	BIRMINGHAM, AL 35209	
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: KATHRYN A. NEVILLE S 07/29/2009

Electronic Signature of Signing Officer or Director — Date