

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071645

Entity Name: FFVA MUTUAL INSURANCE CO.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

800 TRAFALGAR CT
SUITE 200
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 948239
MAITLAND, FL 32794 US

New Mailing Address:

FEI Number: 59-6828087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAIR, ALAN E.
4500 LAKE GEM CIRCLE
ORLANDO, FL 32806 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: C () Delete
Name: JOHNS, JR., FRANK C
Address: 6245 CR 13 SOUTH
City-St-Zip: HASTINGS, FL 32145 US

Title: VC () Delete
Name: DUNSON, LESLIE III
Address: 400 EAGLE LOOP ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: MENZL, CRAIG
Address: 2241 PEACH LEAF COURT
City-St-Zip: LONGWOOD, FL 32779 US

Title: ST () Delete
Name: HAIR, ALAN E
Address: 4500 LAKE GEM CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

Title: D () Delete
Name: HARLLEE, JR., PETER S.
Address: 1803 21ST STREET WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: D () Delete
Name: STUART, MICHAEL J.
Address: 4870 RED BRICK RUN
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: ALAN E. HAIR

ST

01/21/2009

Electronic Signature of Signing Officer or Director

Date