

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071645

FILED  
Mar 11, 2011  
Secretary of State

Entity Name: FFVA MUTUAL INSURANCE CO.

## 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.  
800 TRAFALGAR CT  
SUITE 200  
MAITLAND, FL 32751 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: C  
Name: JOHNS, JR., FRANK C  
Address: 6245 CR 13 SOUTH  
City-St-Zip: HASTINGS, FL 32145 US

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

Title: D  
Name: MENZL, CRAIG  
Address: 800 TRAFALGAR COURT, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

Title: ST  
Name: HAIR, ALAN E  
Address: 800 TRAFALGAR COURT, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

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

Title: D  
Name: STUART, MICHAEL J.  
Address: 800 TRAFALGAR COURT, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 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: ALAN E. HAIR

ST

03/11/2011

Electronic Signature of Signing Officer or Director

Date