2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

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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 04/24/2012

Electronic Signature of Signing Officer or Director Date