

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016141

FILED
Apr 20, 2004
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE, INC.

Current Principal Place of Business:

3738 LAND O'LAKES BLVD
LAND O' LAKES, FL 34639

New Principal Place of Business:

4625 LAND O'LAKES BLVD
LAND O' LAKES, FL 34639

Current Mailing Address:

3738 LAND O'LAKES BLVD
LAND O' LAKES, FL 34639

New Mailing Address:

4625 LAND O'LAKES BLVD
LAND O' LAKES, FL 34639

FEI Number: 59-3425120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, CAROL T
3737 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639 US

Name and Address of New Registered Agent:

BARBER, CAROL T
4625 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639 US

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: _____

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBER, CAROL T
Address: 3738 LAND O'LAKES BLVD
City-St-Zip: LAND O' LAKES, FL 34639

Title: VDST () Delete
Name: BARBER, SANDRA K
Address: 3738 LAND O'LAKES BLVD
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARBER, CAROL T
Address: 4625 LAND O'LAKES BLVD
City-St-Zip: LAND O' LAKES, FL 34639

Title: VDST (X) Change () Addition
Name: BARBER, SANDRA K
Address: 4625 LAND O'LAKES BLVD
City-St-Zip: LAND O' LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL T. BARBER

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date