
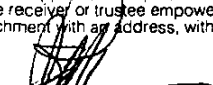


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90010 022 ***150.00

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| DOCUMENT # P97000064910 | | | |  | |
| 1. Entity Name COMP OPTIONS INSURANCE COMPANY, INC. | | | | | |
| Principal Place of Business 5011 GATE PARKWAY, BLDG. 200, SUITE 400 JACKSONVILLE, FL 32256 | | | Mailing Address 5011 GATE PARKWAY, BLDG. 200, SUITE 400 JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BENEVENTO, BARBARA G 4472 BAY HARBOUR DRIVE JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Ball, Winston A. 2017 Chaucer Lane St. Augustine, FL 32095 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD DOERR, ROBERT CHRIS 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHMIDT, TERRI A 244 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BURWELL, BETH B 4441 WORTH DRIVE EAST JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT PALLAIS, ROBERT A 12460 LYDIA WOODS COURT JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOSEPH, CHARLES S 8062 GREEN GLADE ROAD JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Jolly, Arezou C. 1705 Woodmere Jacksonville, FL 32210 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Robert A. Pallais | | 3/1/06 904/828-7850 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

ATTACHMENT
40025805
Division of Corporations

Attachment to Annual Report

COMP OPTIONS INSURANCE COMPANY, INC.

Document Number

P97000064910

Additional Offices/Directors below

| | |
|-----------------|------------------------------|
| Name and Title | GRANTHAM, JOSEPH L, DIRECTOR |
| Address 1 | 6497 RIVER POINT DRIVE |
| Address 2 | |
| City, State Zip | GREEN COVE SPRINGS, FL 32043 |

| | |
|-----------------|------------------------------|
| Name and Title | RYDER, FREDERICK V, DIRECTOR |
| Address 1 | 105 TROON POINT LANE |
| Address 2 | |
| City, State Zip | PONTE VEDRA BEACH, FL 32082 |