

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064910

FILED
Jan 10, 2011
Secretary of State

Entity Name: COMP OPTIONS INSURANCE COMPANY, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY
DCC801
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY
DCC801
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3433503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: V
Name: WELLMAN, JOSEPH F
Address: 14005 MANDARIN OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: CD
Name: BOOMA, STEPHEN R
Address: 121 MUIRFIELD DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD
Name: BENEVENTO, BARBARA G
Address: 11325 KINGSLEY MANOR WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: SMITH, DARNELL
Address: 11768 CHERRY BARK DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: VT
Name: PALLAIS, ROBERT A
Address: 12460 LYDIA WOODS COURT
City-St-Zip: JACKSONVILLE, FL 32258

Title: S
Name: HARMON, JARROD W
Address: 237 W. BERKSWELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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: ROBERT A. PALLAIS

VT

01/10/2011

Electronic Signature of Signing Officer or Director

_____ Date