2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064910

Entity Name: COMP OPTIONS INSURANCE COMPANY, INC.

FILED Feb 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY DCC801

JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY DCC801 JACKSONVILLE, FL 32246

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

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: VT

Name: BARKER, ARMINDIA M

Address: 2818 CHRISTOPHER CREEK ROAD NORTH

City-St-Zip: JACKSONVILLE, FL 32217

Title:

Name: SMITH, DARNELL

Address: 11768 CHERRY BARK DR E City-St-Zip: JACKSONVILLE, FL 32218

Title:

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

Title: D

Name: MCDONALD, DEANNA M

Address: 501 SOUTH BRIDGE CREEK DRIVE

City-St-Zip: ST JOHNS, 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: ARMINDIA BARKER VT 02/09/2012