## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000094574

Entity Name: SUNSHINE STATE INSURANCE COMPANY

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
475 W. TOWN PLACE SUITE 210 ST. AUGUSTINE, FL 32092 US							
Current Mailing Address:				New Mailing Address:			
475 W. TOWN PLACE SUITE 210 ST. AUGUSTINE, FL 32092 US							
FEI Number: 59-3476554 FEI Number Applied For ( ) FEI Num			FEI Num	nber 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  Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E MCGUIRE, BRIAT 745 FIFTH AVEN NEW YORK, NY	UE		Title: Name: Address: City-St-Zip:	D (X SANFORD, ELS 745 FIFTH AVE NEW YORK, N	NUE	
Title: Name: Address: City-St-Zip:	D () E PICCIONE, TAL F 745 FIFTH AVEN NEW YORK, NY	UE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E LOMBARDO, JOH 745 FIFTH AVENI NEW YORK, NY	UE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROGAN, JOHN E 814 A1A NORTH		!	Title: Name: Address: City-St-Zip:	ROGAN, JOHN	PLACE SUITE 210	
Title: Name: Address: City-St-Zip:	D () E DAVIES, RICHAR 745 FIFTH AVEN NEW YORK, NY	UE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCFO () ERVIN JR, RICHA 814 A1A NORTH PONTE VEDRA E	STE-200		Title: Name: Address: City-St-Zip:	ERVIN JR, RIC	WN PLACE SUITE 210	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICHARD L. ERVIN CFO 04/25/2006