

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094574

FILED
Apr 20, 2011
Secretary of State

Entity Name: SUNSHINE STATE INSURANCE COMPANY

Current Principal Place of Business:

475 W. TOWN PLACE SUITE 210
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

475 W. TOWN PLACE SUITE 210
ST. AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 59-3476554

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: D
Name: SANFORD, ELSASS
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: C
Name: PICCIONE, TAL P
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: D
Name: RAWLINGS, PETER
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: PCEO
Name: KORDUCKI, STEPHEN A
Address: 475 W. TOWN PLACE SUITE 210
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D
Name: DAVIES, RICHARD
Address: ONE BLUE HILL PLAZA
City-St-Zip: PEARL RIVER, NY 10965

Title: VCFO
Name: ERVIN JR, RICHARD L JR
Address: 475 WEST TOWN PLACE SUITE 210
City-St-Zip: ST. AUGUSTINE, FL 32092

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: RICHARD L. ERVIN, JR.

VCFO

04/20/2011

Electronic Signature of Signing Officer or Director

Date