2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# P99000074325

Entity Name: VANDERBILT INSURANCE GROUP, INC.

Current Principal Place of Business:

606 BALD EAGLE DR.
301
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

606 BALD EAGLE DR.
301
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 65-0945609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODWARD, CRAIG R
606 BALD EAGLE DR., STE 500
MARCO ISLAND, FL 34145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORSYTHE, ROBERT W
Address: 5032 CASTLEROCK WAY
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: FORSYTHE, JENNIFER
Address: 5032 CASTLEROCK WAY
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: COX, JOEL M JR.
Address: 770 SOUTHERN PINE DR.
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: COX, COLLEEN W
Address: 770 SOUTHERN PINE DR.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JENNIFER C. FORSYTHE OFF 01/19/2007

Electronic Signature of Signing Officer or Director — Date