

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000086846

FILED
Mar 10, 2010
Secretary of State

Entity Name: TOWER HILL PRIME INSURANCE COMPANY

Current Principal Place of Business:

7201 NW 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

PO BOX 147018
GAINESVILLE, FL 326147018

New Mailing Address:

FEI Number: 59-3600233

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: DCEO
Name: SHIVELY, WILLIAM J
Address: 7201 NW 11 PL.
City-St-Zip: GAINESVILLE, FL 32605

Title: DPCO
Name: MATZ, JR., DONALD C
Address: 7201 NW 11 PL.
City-St-Zip: GAINESVILLE, FL 32605

Title: DVPS
Name: CURRAN, JOEL P
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DVPT
Name: BENSON, KEYTON
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: SMITH, JAMES N
Address: 555 5TH AVENUE, NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D
Name: KING, GREGORY G
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: DONALD C. MATZ, JR.

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03/10/2010

Electronic Signature of Signing Officer or Director

Date