

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097480

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: RIDER INSURANCE GROUP, INC.

**Current Principal Place of Business:**

9180 ESTERO PARK COMMONS BLVD  
STE 9  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

9180 ESTERO PARK COMMONS BLVD  
STE 9  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number: 65-0984213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RIDER, JENNIFER J  
9180 ESTERO PARK COMMONS BLVD  
STE 9  
ESTERO, FL 33928 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: P  
Name: RIDER, JENNIFER  
Address: 1344 SHADOW LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: S  
Name: RIDER, JENNIFER  
Address: 1344 SHADOW LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: V  
Name: RIDER, JOSEPH J  
Address: 1408 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: T  
Name: RIDER, VICKI J  
Address: 1408 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

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: JENNIFER J RIDER

P

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date