2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# S69537

Entity Name: ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

225 WATER ST.
SUITE 1400
JACKSONVILLE, FL 32202

New Mailing Address:

1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204

FEI Number: 59-2820748 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD
Name: BYERS, JOHN R
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: DVP
Name: DIVITA, CHARLES III
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: DVPT
Name: SICILIAN, LOUIS V
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: GRAHAM, MALCOLM T
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: DP
Name: WHITE, ROBERT E JR.
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: AS
Name: PARKS, PEGGY A
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

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: PEGGY A. PARKS AS 01/11/2010

Electronic Signature of Signing Officer or Director — Date