2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
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:

185 GREENWOOD ROAD
NAPA, CA 94558

Current Mailing Address:

1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2820748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: CEO
Name: ANDERSON, RICHARD E
Address: 185 GREENWOOD RD.
City-St-Zip: NAPA, CA 94558

Title: CFO
Name: PREIMESBERGER, DAVID
Address: 185 GREENWOOD RD.
City-St-Zip: NAPA, CA 94558

Title: COO
Name: FRANCIS, ROBERT
Address: 185 GREENWOOD RD.
City-St-Zip: NAPA, CA 94558

Title: SEC
Name: MCHALE, DAVID
Address: 185 GREENWOOD RD.
City-St-Zip: NAPA, CA 94558

Title: PRES
Name: WHITE, ROBERT E JR.
Address: 185
City-St-Zip: NAPA, CA 94558

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: ROBERT L. WORTELBOER, JR. VP 01/06/2012

Electronic Signature of Signing Officer or Director — Date