2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2015
Secretary of State
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Entity Name: PONTE VEDRA INSURANCE, INC.

Current Principal Place of Business:

816 HIGHWAY A1A NORTH
SUITE 206
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 3140
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-3622236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSHONG, CHARLES RPRES
816 HIGHWAY A1A ,NORTH,
SUITE 206
PONTE VEDRA BEACH, FL 32082 US

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

Officer/Director Detail :

Title	DP	Title	VD
Name	BUSHONG, CHARLES RPRES	Name	BUSHONG, MELISSA VVD
Address	816 N HIGHWAY A1A, SUITE 206	Address	816 N HIGHWAY A1A, SUITE 206
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	VP	Title	S
Name	LETO, FAYE MVP	Name	LETO, FAYE
Address	816 A1A N STE 206	Address	816 HIGHWAY A1A NORTH, SUITE 206
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082

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: FAYE M.C. LETO VP 01/19/2015

Electronic Signature of Signing Officer/Director Detail — Date