2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2015
Secretary of State
CC3653131747

DOCUMENT# P09000032477

Entity Name: EMPLOYER CHOICE INSURANCE COMPANY, INC.

Current Principal Place of Business:

602 COURTLAND AVE STE 161
ORLANDO, FL 32804

Current Mailing Address:

602 COURTLAND AVE STE 161
ORLANDO, FL 32804

FEI Number: 27-0210036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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	CHAIRMAN, DIRECTOR
Name	MORRISON, RICH
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	SOLER, EDDIE
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	SECRETARY, DIRECTOR
Name	TOL, DARYL
Address	301 MEMORIAL MEDICAL MEDICAL PKWY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	PRESIDENT
Name	WEISS, PETER MD
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	BOARD SECRETARY, DIRECTOR
Name	SEIFERT, LEWIS
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	LAY, KEVIN
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	VP, DIRECTOR
Name	VIS, DAVID
Address	550 EAST ROLLINS STREEET
City-State-Zip:	ORLANDO FL 32803

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: DARYL TOL SECRETARY 02/03/2015

Electronic Signature of Signing Officer/Director Detail — Date