2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2016
Secretary of State
CC1787548811

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Entity Name: FFVA MUTUAL INSURANCE CO.

Current Principal Place of Business:

800 TRAFALGAR CT
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

PO BOX 948239
MAITLAND, FL 32794 US

FEI Number: 59-6828087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAIR, ALAN E.
800 TRAFALGAR CT
SUITE 200
MAITLAND, FL 32751 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	DIRECTOR
Name	GUBICS, KERRY R
Address	1350 EUCLID AVENUE SUITE 800
City-State-Zip:	CLEVELAND OH 44115

Title	D
Name	MENZL, CRAIG
Address	800 TRAFALGAR COURT, SUITE 200
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	HARLLEE, JR., PETER S.
Address	1803 21ST STREET WEST
City-State-Zip:	PALMETTO FL 34221

Title	DIRECTOR
Name	BARRETT, ROBERT C
Address	201 E. PINE STREET 15TH FLOOR
City-State-Zip:	ORLANDO FL 32819

Title	CHAIRMAN
Name	DUNSON, LESLIE III
Address	400 EAGLE LOOP ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	ST
Name	HAIR, ALAN E
Address	800 TRAFALGAR COURT, SUITE 200
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	STUART, MICHAEL J.
Address	800 TRAFALGAR COURT, SUITE 200
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	RANSON, CHARLES T
Address	3500 MARSHA LANE
City-State-Zip:	VERO BEACH FL 32967

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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: ALAN E. HAIR — SECRETARY/TREASURER, CFO — 02/18/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROE, MORGAN H
Address	500 AVENUE R, SW
City-State-Zip:	WINTER HAVEN FL 33880

Title	VC
Name	ROGERS, GLENN R
Address	6161 WEST JONES
City-State-Zip:	ZELLWOOD FL 32798