

1.) CORPORATION NAME:

BANKERS INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **6/30/2011**

SCC ID NO: **F1143918**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11101 ROOSEVELT BLVD N

CITY/ST/ZIP: ST PETERSBURG, FL 33716-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAVID K MEEHAN
TITLE: P/CHAIRMAN
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: B BRADFORD MARTZ
TITLE: TREASURER
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERBURG, FL 33716-

OFFICER

DIRECTOR

NAME: RICHARD G TORRA
TITLE: SECRETARY
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ RICHARD G TORRA

RICHARD G TORRA, SECRETARY

5/2/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.