

1.) CORPORATION NAME: LOGGERS' INSURANCE, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 23219 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: FL	DUE DATE: 8/31/2012 SCC ID NO: F1439233 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td>50,000</td> </tr> <tr> <td>COMNV</td> <td>50,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMV	50,000	COMNV	50,000
CLASS	AUTHORIZED						
COMV	50,000						
COMNV	50,000						

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5150 BELFORT RD BLDG 200 CITY/ST/ZIP: JACKSONVILLE, FL 32256	
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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: CHARLES F WARD JR TITLE: P/T/ASST S ADDRESS: 5150 BELFORT RD BLDG 200 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID M VANDROFF TITLE: VP/S/ASST T ADDRESS: 5150 BELFORT RD BLDG 200 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CHARLES F WARD JR	CHARLES F WARD JR, P/T/ASST S	7/18/2012
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.