

1.) CORPORATION NAME:

Bankers Insurance Services, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **F1733155**

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

AUTH IN VI

CT COPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

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 NORTH

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: BRIAN J KESNECK
TITLE: VICE PRESIDENT
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: WHITLEY N WARD
TITLE: VICE PRESIDENT
ADDRESS: 1500 KINGS HWY
CITY/ST/ZIP/CO: PORT CHARLOTTE, FL 33980-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: NANCY C HAIRE
TITLE: ASST SECRETARY
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: WILBUR MARTIN
TITLE: PRESIDENT
ADDRESS: 11101 ROOSEVELT BLVD NORTH
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: JOHN A STRONG TITLE: DIRECTOR ADDRESS: 11101 ROOSEVELT BLVD N CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: B BRADFORD MARTZ TITLE: T/CFO ADDRESS: 11101 ROOSEVELT BLVD NORTH CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: J STUART PLATTER TITLE: VICE PRESIDENT ADDRESS: 11101 ROOSEVELT BLVD N CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-	<input checked="" type="checkbox"/> OFFICER	<input 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/ NANCY C HAIRE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY C HAIRE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/1/2011 DATE
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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.