

1.) CORPORATION NAME:

Bankers Insurance Services, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT COPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1733155**

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:	WILBUR MARTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11101 ROOSEVELT BLVD NORTH		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	BRIAN J KESNECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11101 ROOSEVELT BLVD N		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	J STUART PLATTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11101 ROOSEVELT BLVD N		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	WHITLEY N WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1500 KINGS HWY		
CITY/ST/ZIP/CO:	PORT CHARLOTTE, FL 33980		
NAME:	RICHARD G TORRA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11101 ROOSEVELT BLVD N		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	NANCY C HAIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11101 ROOSEVELT BLVD N		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME: PRESTON B KAVANAGH TITLE: TREASURER ADDRESS: 11101 ROOSEVELT BLVD NORTH CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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	
NAME: DEBORAH S BRCKA 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	
NAME: J RYAN PARKER 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	
NAME: IAN B BARBER 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	
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	10/16/2012 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.		