

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005146

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC0355084069**

**Entity Name:** PALOMAR INSURANCE CORPORATION

**Current Principal Place of Business:**

4525 EXECUTIVE PARK DRIVE  
SUITE 202  
MONTGOMERY, AL 36116

**Current Mailing Address:**

4525 EXECUTIVE PARK DRIVE  
SUITE 202  
MONTGOMERY, AL 36116

**FEI Number:** 63-0346774

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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	PRESIDENT & CEO	Title	COO
Name	CRAFT, TONY	Name	SKIPPER, CULLMAN L
Address	4525 EXECUTIVE PARK DRIVE, SUITE 202	Address	4525 EXECUTIVE PARK DRIVE, SUITE 202
City-State-Zip:	MONTGOMERY AL 36116	City-State-Zip:	MONTGOMERY AL 36116
Title	CHAIRMAN	Title	VC
Name	SKIPPER, RICHARD C	Name	SKIPPER, DAVID O
Address	307 SKIPPER DRIVE	Address	307 SKIPPER DRIVE
City-State-Zip:	JACKSON AL 36545	City-State-Zip:	JACKSON AL 36545

*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:** CULLMAN L. SKIPPER

**CHIEF OPERATING  
OFFICER**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date