2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047270

Entity Name: FLORIDA PENINSULA INSURANCE COMPANY

FILED Apr 16, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

621 NW 53RD STREET SUITE 125

BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

621 NW 53RD STREET SUITE 125 BOCA RATON, FL 33487

FEI Number: 20-2610293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER PO BOX 6200 200 GAINES ST. TALLAHASSEE, FL 323146200 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD

Name: DESJADON, ROGER L Address: 6 TERHUNE CT

City-St-Zip: FRANKLIN PARK, NJ 08823

Title: C

 Name:
 ADKINS, PAUL

 Address:
 18743 LONG LAKE DR

 City-St-Zip:
 BOCA RATON, FL 33496

Title: SD

Name: GIULIANTI, STACEY A ESQ Address: 3325 WATER OAK STREET City-St-Zip: FT LAUDERDALE, FL 33312

Title: TI

Name: LATTANZIO, FRANCIS J Address: 85 FARMCLIFF DR City-St-Zip: GLASTONBURY, CT

Title: D

Name: CANTOR, GARY

Address: 7 OCEAN HARBOUR CIRCLE City-St-Zip: OCEAN RIDGE, FL 33435

Title: D

 Name:
 STRAUCH, CLINT B

 Address:
 3380 N. 41 CT

 City-St-Zip:
 HOLLYWOOD, FL 33021

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: STACEY A GIULIANTI SEC 04/16/2010