

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049664

FILED
Feb 04, 2011
Secretary of State

Entity Name: FIRST HOME INSURANCE COMPANY

Current Principal Place of Business:

2300 MAITLAND CTR PARKWAY
SUITE #116
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2300 MAITLAND CTR PARKWAY
SUITE #116
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-2569088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LEFLER, WALTER M
Address: 2300 MAITLAND CTR PARKWAY, SUITE 116
City-St-Zip: MAITLAND, FL 32751 US

Title: TS
Name: BISSELL, CRAIG W
Address: 2300 MAITLAND CTR PARKWAY, SUITE 116
City-St-Zip: MAITLAND, FL 32751 US

Title: D
Name: RIVERS, BRYAN D
Address: 1501 LADY STREET
City-St-Zip: COLUMBIA, SC 29201 US

Title: D
Name: MILLER, MARK J
Address: 222 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60606 US

Title: D
Name: PATTERSON, GEORGE D
Address: 222 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60606 US

Title: D
Name: YOO, CHRISTOPHER
Address: 222 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60606 US

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: CRAIG W. BISSELL

CFO

02/04/2011

Electronic Signature of Signing Officer or Director

Date