

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 513089

**FILED
Mar 30, 2017
Secretary of State
CC7210702673**

Entity Name: FOCUS INSURANCE CORP.

Current Principal Place of Business:

1300 SAWGRASS CORPORATE PARKWAY
STE 300
SUNRISE, FL 33323-2804

Current Mailing Address:

1300 SAWGRASS CORPORATE PARKWAY
STE 300
SUNRISE, FL 33323-2804

FEI Number: 59-1689622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLOWAY, AMY J
3020 NE 32ND AVENUE
SUITE 226
FORT LAUDERDALE, FL 33308 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: AMY GALLOWAY

03/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name BULLINGTON, DOUGLAS W
Address 1300 SAWGRASS CORPORATE
PARKWAY
STE 300
City-State-Zip: SUNRISE FL 33323-2804

Title SECRETARY
Name WHITLOCK, ORION P
Address 1300 SAWGRASS CORPORATE
PARKWAY
STE 300
City-State-Zip: SUNRISE FL 33323-2804

Title DIRECTOR, PRESIDENT, CEO
Name TROMER, KEVIN M
Address 1300 SAWGRASS CORPORATE
PARKWAY
STE 300
City-State-Zip: SUNRISE FL 33323-2804

Title TREASURER, CFO
Name PRYGELSKI, PETER J III
Address 1300 SAWGRASS CORPORATE
PARKWAY
STE 300
City-State-Zip: SUNRISE FL 33323-2804

Title COO
Name STEINMAN, MICHAEL A
Address 1300 SAWGRASS CORPORATE
PARKWAY
STE 300
City-State-Zip: SUNRISE FL 33323-2804

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: ORION P WHITLOCK

SECRETARY

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date