

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008932

Entity Name: TOWER HILL PREFERRED INSURANCE COMPANY**Current Principal Place of Business:**7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605**Current Mailing Address:**P.O. BOX 147018
GAINESVILLE, FL 32614-7018 US**FEI Number: 56-1543230****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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	CEO, PRESIDENT
Name	MATZ, DONALD C JR.
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614-7018

Title	CFO, TREASURER
Name	BUSSEY, B LANE III
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614-7018

Title	SECRETARY, CCO
Name	ROWE, SCOTT P
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614-7018

Title	CUO
Name	WHEELER, DANIELA
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614-7018

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: SCOTT P. ROWE**SECRETARY****04/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date