

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000109854

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC8401581186**

**Entity Name:** FHM INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
JACKSONVILLE, FL 32246

**FEI Number:** 20-2024538

**Certificate of Status Desired:** No

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

LEMINE, JOHN A  
4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
JACKSONVILLE, FL 32246 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 VCD  
Name BOND, WILLIAM JR  
Address 4601 TOUCHTON RD, E, STE 3150  
BLD 300  
City-State-Zip: JACKSONVILLE FL 32246

Title SD  
Name RICHARDSON, MARY ANN  
Address 4601 TOUCHTON RD E, SUITE 3150  
BLD 300  
City-State-Zip: JACKSONVILLE FL 32246

Title ASDC  
Name GABEL, GEORGE DJR  
Address 4601 TOUCHTON RD E, STE. 3150  
BLD 300  
City-State-Zip: JACKSONVILLE FL 32246

Title CD  
Name HEALAN, JACK BJR  
Address 4601 TOUCHTON RD E, STE 3150 BLD  
300  
City-State-Zip: JACKSONVILLE FL 32246

Title TD  
Name SEAY, JOSEPH G  
Address 4601 TOUCHTON RD E. STE 3150  
BLDG 300  
City-State-Zip: JACKSONVILLE FL 32246

Title EVP - CORPORATE SERVICES  
Name JOHN , LEMINE A  
Address 4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name BANKS, WALTER  
Address 4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name LUPINO, MATTHEW  
Address 4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
City-State-Zip: JACKSONVILLE FL 32246

*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:** JOHN A LEMINE

**EVP - CORPORATE SERVICES**

**03/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date