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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **018202** **(2)**

1. Corporation Name
PROFESSIONAL INSURANCE CORPORATION

Principal Place of Business	Mailing Address
4811 BEACH BLVD. SUITE 200 JACKSONVILLE FL 32207	PO BOX 1410 JACKSONVILLE FL 32231-0030

3. Date Incorporated or Qualified: 11/12/1936	3a. Date of Last Report: 02/27/1996
4. FEI Number: 59-0411385	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCFO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOST, J M		1.2 NAME		
STREET ADDRESS	4811 BEACH BLVD, SUITE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANLEY, PRISCILLA E.		2.2 NAME		
STREET ADDRESS	4811 BEACH BLVD, SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEEHBLER, N C		3.2 NAME		
STREET ADDRESS	1001 WADE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	GHEGAN, JOHN R.		4.2 NAME	William R. EALY	
STREET ADDRESS	4811 BEACH BLVD, SUITE 200		4.3 STREET ADDRESS	4811 Beach Blvd, Ste 200	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville FL 32207	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Priscilla E Hanley 3/4/97 904-396-7171