2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 AM
Secretary of State

DOCUMENT# 484591

Entity Name: SIGNATURE INSURANCE GROUP, INC.

Current Principal Place of Business:

47 SOUTHWEST 17TH STREET
OCALA, FL 344745141 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1438
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-1618128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAMMIG, LAUREL L
401 E JACKSON ST
STE 1700
TAMPA, FL 33602 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DVS	( ) Delete
Name:	GRAMMIG, LAUREL L	
Address:	401 E JACKSON ST STE 1700	
City-St-Zip:	TAMPA, FL 33602	
Title:	T	( ) Delete
Name:	WALKER, CORY T	
Address:	220 S RIDGEWOOD AVE	
City-St-Zip:	DAYTONA, FL 32114	
Title:	C	( ) Delete
Name:	BROWN, J H	
Address:	220 S RIDGEWOOD AVE	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	P	( ) Delete
Name:	BRIDGES, C. ROY	
Address:	401 E JACKSON ST STE 1700	
City-St-Zip:	TAMPA, FL 33602	
Title:	VPAS	( ) Delete
Name:	DONEGAN, JR., THOMAS M	
Address:	401 E. JACKSON ST., STE. 1700	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG VPDS 01/22/2002

Electronic Signature of Signing Officer or Director Date