

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **838637** (7)

T. Corporation Name

**FIRST FINANCIAL INSURANCE COMPANY**

Principal Place of Business

Mailing Address

401-417 FAYETTE AVE  
SPRINGFIELD IL 62704

401-417 FAYETTE AVE  
SPRINGFIELD IL 62704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/22/1977** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26 **238 SMITH SCHOOL RD.**

4. FEI Number

**36-2694846**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

28 City & State

**BURLINGTON NC**

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

**27215**

8. This corporation has liability for intangible tax under S. 100.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
VICKREY, BILLY KEITH  
238 SMITH SCHOOL RD.  
BURLINGTON, NC.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SVD  
CHRISTENSEN, GERALD WAYN  
238 SMITH SCHOOL RD.  
BURLINGTON, NC.

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
FABOR, KERRY WAYNE  
238 SMITH SCHOOL RD.  
BURLINGTON, NC.

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

AT  
PATTEN, WARREN THOMAS  
238 SMITH SCHOOL RD.  
BURLINGTON NC

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
DICK, JOSEPH HENRY  
238 SMITH SCHOOL RD.  
BURLINGTON, NC.

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
BORDENKIRCHER, THOMAS ED  
401-417 FAYETTE AVE.  
SPRINGFIELD IL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 amendment with an address.

SIGNATURE:

*Warren Patten* WARREN PATTEN

4-28-95

910-538-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number