

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **838637** (7)

1. Corporation Name
FIRST FINANCIAL INSURANCE COMPANY



Principal Place of Business: **401-417 FAYETTE AVE, SPRINGFIELD IL 62704**
Mailing Address: **238 SMITH SCHOOL RD., BURLINGTON NC 27215 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/22/1977	05/01/1995
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		36-2694846	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKREY, BILLY KEITH		1.2 NAME				
STREET ADDRESS	238 SMITH SCHOOL RD.		1.3 STREET ADDRESS				
CITY- ST- ZIP	BURLINGTON, NC.		1.4 CITY- ST- ZIP				
TITLE	SVD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, GERALD WAYN		2.2 NAME				
STREET ADDRESS	238 SMITH SCHOOL RD.		2.3 STREET ADDRESS				
CITY- ST- ZIP	BURLINGTON, NC.		2.4 CITY- ST- ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABOR, KERRY WAYNE		3.2 NAME				
STREET ADDRESS	238 SMITH SCHOOL RD.		3.3 STREET ADDRESS				
CITY- ST- ZIP	BURLINGTON, NC.		3.4 CITY- ST- ZIP				
TITLE	AT	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEN, WARREN THOMAS		4.2 NAME				
STREET ADDRESS	238 SMITH SCHOOL RD.		4.3 STREET ADDRESS				
CITY- ST- ZIP	BURLINGTON NC		4.4 CITY- ST- ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, JOSEPH HENRY		5.2 NAME				
STREET ADDRESS	238 SMITH SCHOOL RD.		5.3 STREET ADDRESS				
CITY- ST- ZIP	BURLINGTON, NC.		5.4 CITY- ST- ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORDENKIRCHER, THOMAS ED		6.2 NAME	ABBOTT, RANDALL LBE			
STREET ADDRESS	401-417 FAYETTE AVE.		6.3 STREET ADDRESS	528 SOUTH FIFTH ST., SUITE 210			
CITY- ST- ZIP	SPRINGFIELD IL		6.4 CITY- ST- ZIP	SPRINGFIELD, IL 62701			

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 119.07(3)(k), 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: Warren Patten WARREN PATTEN 4-24-96 910-598-2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)