

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838637 (7)**

1. Corporation Name  
**FIRST FINANCIAL INSURANCE COMPANY**



Principal Place of Business <b>401-417 FAYETTE AVE                  SPRINGFIELD IL 62704</b>	Mailing Address <b>238 SMITH SCHOOL RD.                  BURLINGTON NC 27215-5129                  US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
21 <b>528 SOUTH FIFTH STREET</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>36-2694846</b>	Applied For Not Applicable
22 <b>SUITE 210</b>	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>SPRINGFIELD, IL</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>62701</b>	25	Country	29	30	Country
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 B5 Zip Code **FL**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD VICKREY, BILLY KEITH</b>	1.2 NAME	
STREET ADDRESS	<b>238 SMITH SCHOOL RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON, NC.</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVD CHRISTENSEN, GERALD WAYN</b>	2.2 NAME	
STREET ADDRESS	<b>238 SMITH SCHOOL RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON, NC.</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T FAVOR, KERRY WAYNE</b>	3.2 NAME	
STREET ADDRESS	<b>238 SMITH SCHOOL RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON, NC.</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AT PATTEN, WARREN THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>238 SMITH SCHOOL RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON NC</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V DICK, JOSEPH HENRY</b>	5.2 NAME	
STREET ADDRESS	<b>238 SMITH SCHOOL RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON, NC.</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ABBOTT, RANDALL LEE</b>	6.2 NAME	
STREET ADDRESS	<b>528 S FIFTH ST, STE 210</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRINGFIELD IL</b>	6.4 CITY-ST-ZIP	

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: *(Signature)* **WARREN PATTEN** **424-97** **910-586-2838**

CR2E034 (9/96)