


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90146 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838637
 1. Corporation Name
FIRST FINANCIAL INSURANCE COMPANY

Principal Place of Business 528 S FIFTH ST SUITE 210 SPRINGFIELD IL 62701 US	Mailing Address 238 INTERNATIONAL ROAD BURLINGTON NC 27215 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/22/1977	Applied For
4. FEI Number 36-2694846	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	VICKREY, BILLY KEITH	
STREET ADDRESS	238 SMITH SCHOOL RD.	
CITY-ST-ZIP	BURLINGTON, NC.	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, GERALD WAYN	
STREET ADDRESS	238 SMITH SCHOOL RD.	
CITY-ST-ZIP	BURLINGTON, NC.	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	FABOR, KERRY WAYNE	
STREET ADDRESS	238 SMITH SCHOOL RD.	
CITY-ST-ZIP	BURLINGTON, NC.	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PATTEN, WARREN THOMAS	
STREET ADDRESS	238 SMITH SCHOOL RD.	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DICK, JOSEPH HENRY	
STREET ADDRESS	238 SMITH SCHOOL RD.	
CITY-ST-ZIP	BURLINGTON, NC.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, RANDALL LEE	
STREET ADDRESS	528 S FIFTH ST, STE 210	
CITY-ST-ZIP	SPRINGFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Warren Patten **SIGNATURE REQUIRED WARREN PATTEN** 4-28-99 336-586-2938
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)