

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90123 007 ***150.00

DOCUMENT # 838637
 1. Entity Name
FIRST FINANCIAL INSURANCE COMPANY

Principal Place of Business Mailing Address
528 S FIFTH ST **238 INTERNATIONAL ROAD**
SUITE 210 **BURLINGTON NC 27215-5177**
SPRINGFIELD IL 62701 **US**
US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2694846		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VICKREY, BILLY KEITH			NAME	RICHARD C. BARBIERI		
STREET ADDRESS	238 SMITH SCHOOL RD.			STREET ADDRESS	238 INTERNATIONAL ROAD		
CITY-ST-ZIP	BURLINGTON, NC.			CITY-ST-ZIP	BURLINGTON, NC 27215		
TITLE	SVD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTENSEN, GERALD WAYN			NAME			
STREET ADDRESS	238 SMITH SCHOOL RD.			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NC.			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE	VP, TREAS & SEC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FABOR, KERRY WAYNE			NAME			
STREET ADDRESS	238 SMITH SCHOOL RD.			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NC.			CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTEN, WARREN THOMAS			NAME			
STREET ADDRESS	238 SMITH SCHOOL RD.			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON NC			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICK, JOSEPH HENRY			NAME			
STREET ADDRESS	238 SMITH SCHOOL RD.			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NC.			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOTT, RANDALL LEE			NAME			
STREET ADDRESS	528 S FIFTH ST, STE 210			STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD IL			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kerry Wayne Fabor* **SECRETARY/TREASURER** 4/17/00 336-586-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)