


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

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 US  
 SPRINGFIELD, IL 62701 US

**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 36-2694846      Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBIERI, RICHARD C
STREET ADDRESS	238 INTERNATIONAL RD.
CITY - ST - ZIP	BURLINGTON, NC 27215
TITLE	VPD
NAME	DENT III, FRANK R
STREET ADDRESS	238 INTERNTIONAL RD.
CITY - ST - ZIP	BURLINGTON, NC 27215
TITLE	TVP
NAME	FABOR, KERRY WAYNE
STREET ADDRESS	238 INTERNATIONAL RD.
CITY - ST - ZIP	BURLINGTON, NC 27215
TITLE	D
NAME	ABBOTT, RANDALL LEE
STREET ADDRESS	528 S FIFTH ST, STE 210
CITY - ST - ZIP	SPRINGFIELD, IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/08/04-80133-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Kerry W Fabor      Kerry W Fabor      336-584-2500

DATE      DAYTIME PHONE #