
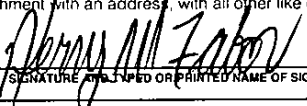


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90120 014 \*\*\*150.00

<b>DOCUMENT # 838637</b>			
1. Entity Name <b>FIRST FINANCIAL INSURANCE COMPANY</b>			
Principal Place of Business <b>528 S FIFTH ST SUITE 210 SPRINGFIELD, IL 62701 US</b>		Mailing Address <b>238 INTERNATIONAL ROAD BURLINGTON, NC 27215 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBIERI, RICHARD C	NAME	D Robert David Linton
STREET ADDRESS	238 INTERNATIONAL RD.	STREET ADDRESS	238 International Rd
CITY-ST-ZIP	BURLINGTON, NC 27215	CITY-ST-ZIP	Burlington, NC 27215
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENT III, FRANK R	NAME	D Norman Miller Johnson
STREET ADDRESS	238 INTERNATIONAL RD.	STREET ADDRESS	238 International Rd
CITY-ST-ZIP	BURLINGTON, NC 27215	CITY-ST-ZIP	Burlington, NC 27215
TITLE	TVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABOR, KERRY WAYNE	NAME	D Phillip Leon Martinez
STREET ADDRESS	238 INTERNATIONAL RD.	STREET ADDRESS	528 S. Fifth St, Suite 210
CITY-ST-ZIP	BURLINGTON, NC 27215	CITY-ST-ZIP	Springfield, IL 62701
TITLE	D <input type="checkbox"/> Delete	TITLE	SVP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, RANDALL LEE	NAME	Manuel Almagro Jr
STREET ADDRESS	528 S FIFTH ST, STE 210	STREET ADDRESS	238 International Rd
CITY-ST-ZIP	SPRINGFIELD, IL	CITY-ST-ZIP	Burlington, NC 27215
TITLE	<input type="checkbox"/> Delete	TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael Francis Freeman
STREET ADDRESS		STREET ADDRESS	238 International Rd
CITY-ST-ZIP		CITY-ST-ZIP	Burlington, NC 27215
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Kerry W. Fabor 7-6-05 336-586-2830	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	