


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90023 039 ***150.00

DOCUMENT # 838637

1. Entity Name
FIRST FINANCIAL INSURANCE COMPANY



Principal Place of Business Mailing Address

**528 S FIFTH ST
 SUITE 210
 SPRINGFIELD, IL 62701 US**

**238 INTERNATIONAL ROAD
 BURLINGTON, NC 27215 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40023275



02162007 Chg-P CR2E034 (12/06)

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		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBIERI, RICHARD C 100 PEARL ST. 5TH FL HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dechar...</i> Barbieri, Richard C. 100 Pearl St, 5th Floor Hartford, CT 06103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD ALMAGRO, JR, MANUEL 100 PEARL ST. 5TH FL HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lally, Maureen T. 238 International Rd Burlington, NC 27215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP FABOR, KERRY WAYNE 238 INTERNTIONAL RD. BURLINGTON, NC 27215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martin, Timothy P. 238 International Rd Burlington, NC 27215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, RANDALL LEE 528 S FIFTH ST, STE 210 SPRINGFIELD, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Strapp, Christopher F. 100 Pearl St, 5th Floor Hartford, CT 06103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCIS FREEMAN, MICHAEL 100 PEARL ST. 5TH FL HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dent, Frank R. 238 International Rd Burlington, NC 27215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON MARTINEZ PHILLIP 528 S. 5TH STREET, SUITE 210 SPRINGFIELD, IL 62701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hennrikus, Carol K. 238 International Rd Burlington, NC 27215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/19/2007 336-586-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40023275

DOCUMENT # 838637 1. Entity Name FIRST FINANCIAL INSURANCE COMPANY						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 02162007 Chg-P CR2E034 (12/06) 36-2694846		
Zip		Country		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			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BARBIERI, RICHARD C 100 PEARL ST. 5TH FL HARTFORD, CT 06103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Monaco, Barbara H. 238 International Rd Burlington, NC 27215		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVPD ALMAGRO, JR, MANUEL 100 PEARL ST. 5TH FL HARTFORD, CT 06103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP McMynr, Michael 100 Pearl St, 5th Floor Hartford, CT 06103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TVP FABOR, KERRY WAYNE 238 INTERNTIONAL RD. BURLINGTON, NC 27215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P.D MacLeod, David A. 100 Pearl St, 5th Floor Hartford, CT 06103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: <i>Kerry W Fabor</i>		KERRY W FABOR		<i>2/19/2007</i>		<i>336-586-2830</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE		