

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2007 90023 039 \*\*\*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 - 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 <b>36-2694846</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
---	--	------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	VP 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 E. 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: 	<b>KERRY W FABOR</b>	<b>2/19/2007</b>	<b>336-586-2830</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 838637

1. Entity Name  
FIRST FINANCIAL INSURANCE COMPANY



ATTACHMENT

Principal Place of Business

528 S FIFTH ST  
SUITE 210  
SPRINGFIELD, IL 62701 US

Mailing Address

238 INTERNATIONAL ROAD  
BURLINGTON, NC 27215 US

40023275

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

36-2694846

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBIERI, RICHARD C	
STREET ADDRESS	100 PEARL ST. 5TH FL	
CITY- ST- ZIP	HARTFORD, CT 06103	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	ALMAGRO, JR, MANUEL	
STREET ADDRESS	100 PEARL ST. 5TH FL	
CITY- ST- ZIP	HARTFORD, CT 06103	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	FABOR, KERRY WAYNE	
STREET ADDRESS	238 INTERNTIONAL RD.	
CITY- ST- ZIP	BURLINGTON, NC 27215	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, RANDALL LEE	
STREET ADDRESS	528 S FIFTH ST, STE 210	
CITY- ST- ZIP	SPRINGFIELD, IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCIS FREEMAN, MICHAEL	
STREET ADDRESS	100 PEARL ST. 5TH FL	
CITY- ST- ZIP	HARTFORD, CT 06103	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEON MARTINEZ, PHILLIP	
STREET ADDRESS	528 S. 5TH STREET, SUITE 210	
CITY- ST- ZIP	SPRINGFIELD, IL 62701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monaco, Barbara H.	
STREET ADDRESS	238 International Rd	
CITY- ST- ZIP	Burlington, NC 27215	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMyn, Michael	
STREET ADDRESS	100 Pearl St, 5th Floor	
CITY- ST- ZIP	Hartford, CT 06103	
TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MacLenn, David A.	
STREET ADDRESS	100 Pearl St, 5th Floor	
CITY- ST- ZIP	Hartford, CT 06103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

2/19/2007

336-586-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone