


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90099 045 ***150.00

DOCUMENT # 838637

1. Entity Name
FIRST FINANCIAL INSURANCE COMPANY



Principal Place of Business
**528 S FIFTH ST
 SUITE 210
 SPRINGFIELD, IL 62701 US**

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04142008 Chg-P CR2E034 (12/06)

4. FEI Number
36-2694846

Applied For
 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**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbieri, Richard C.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dent, Frank R.	
STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	Burlington, NC 27215	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hennrikus, Carol K	
STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	Burlington NC 27215	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Norman M.	
STREET ADDRESS	480 Adams Ave	
CITY-ST-ZIP	Glencoe, IL 60022	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lally, maureen T.	
STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	Burlington, NC 27215	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinek, Phillip L.	
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, Treasurer* **KERRY W FABOR** **4/15/2008** **336-586-7390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT #838637 1. Entity Name FIRST FINANCIAL INSURANCE COMPANY					
Principal Place of Business 528 S FIFTH ST SUITE 210 SPRINGFIELD, IL 62701 US			Mailing Address 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.		04142008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 36-2694846	
Zip		Country		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	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBIERI, RICHARD C		NAME	Linton, Robert D.	
STREET ADDRESS	100 PEARL ST. 5TH FL		STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	HARTFORD, CT 06103		CITY-ST-ZIP	Burlington NC 27215	
TITLE	SVPD	<input type="checkbox"/> Delete		TITLE	P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMAGRO, JR, MANUEL		NAME	macleod, DAVID A.	
STREET ADDRESS	100 PEARL ST. 5TH FL		STREET ADDRESS	100 Pearl St, 5th FL	
CITY-ST-ZIP	HARTFORD, CT 06103		CITY-ST-ZIP	Hartford CT 06103	
TITLE	TVP	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABOR, KERRY WAYNE		NAME	Martin, Timothy P	
STREET ADDRESS	238 INTERNTIONAL RD.		STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	BURLINGTON, NC 27215		CITY-ST-ZIP	Burlington NC 27215	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, RANDALL LEE		NAME	mcmyme, michael	
STREET ADDRESS	528 S FIFTH ST, STE 210		STREET ADDRESS	100 Pearl St, 5th fl	
CITY-ST-ZIP	SPRINGFIELD, IL		CITY-ST-ZIP	Hartford CT 06103	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS FREEMAN, MICHAEL		NAME	Monaco, Barbara H	
STREET ADDRESS	100 PEARL ST. 5TH FL		STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	HARTFORD, CT 06103		CITY-ST-ZIP	Burlington NC 27215	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON MARTINEZ, PHILLIP		NAME	Strapp, Christopher E	
STREET ADDRESS	528 S. 5TH STREET, SUITE 210		STREET ADDRESS	100 Pearl St, 5th Fl	
CITY-ST-ZIP	SPRINGFIELD, IL 62701		CITY-ST-ZIP	Hartford CT 06103	
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: 				Date: 4/15/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	