## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 838637** 

Apr 28, 2003 Secretary of State

Entity Name: FIRST FINANCIAL INSURANCE COMPANY

**Current Principal Place of Business: New Principal Place of Business:** 528 S FIFTH ST SUITE 210 SPRINGFIELD, IL 62701 US **New Mailing Address: Current Mailing Address:** 238 INTERNATIONAL ROAD BURLINGTON, NC 27215 US FEI Number: 36-2694846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BARBIERI, RICHARD C Name: Name: 238 INTERNATIONAL RD. Address: Address: City-St-Zip: BURLINGTON, NC 27215 City-St-Zip: VPD Title: Title: () Delete () Change () Addition Name: DENT III. FRANK R Name: 238 INTERNTIONAL RD. Address: Address: BURLINGTON, NC 27215 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition STVP TVP FABOR, KERRY WAYNE, FABOR, KERRY WAYNE, Name: Name: 238 INTERNTIONAL RD. 238 INTERNTIONAL RD Address: Address: City-St-Zip: BURLINGTON, NC 27215 City-St-Zip: BURLINGTON, NC 27215 Title: (X) Delete Title: () Change () Addition DICK, JOSEPH HENRY, Name: Name: Address: 238 SMITH SCHOOL RD. Address: City-St-Zip: BURLINGTON, NC., City-St-Zip: Title: Title: ( ) Delete () Change () Addition ABBOTT, RANDALL LEE Name: Name: 528 S FIFTH ST. STE 210 Address: Address: City-St-Zip: SPRINGFIELD, IL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY W. FABOR TVP 04/28/2003