

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000963

FILED
Jan 29, 2009
Secretary of State

Entity Name: FIRST INDEMNITY INSURANCE SERVICES, INC.

Current Principal Place of Business:

2202 NW SHORE BLVD STE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

41 WEST STREET
5TH FLOOR
BOSTON, MA 02111

New Mailing Address:

87 OXFORD STREET
LYNN, MA 01901

FEI Number: 04-3480902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEHL, TIMOTHY G
604 S MELVILLE AVE #3
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Title: PTD () Delete
Name: BIGGIO, JOHN M
Address: 19 FRANCES STREET
City-St-Zip: WINTHROP, MA 02152

Title: TD () Delete
Name: BIGGIO-RANDOLPH, MARIE A
Address: 21 HOLLAND ROAD
City-St-Zip: MELROSE, MA 02176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN M. BIGGIO

PTD

01/29/2009

Electronic Signature of Signing Officer or Director

Date