2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# F01000000963

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:

87 OXFORD STREET
LYNN, MA 01901

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. BIGGIO PTD 02/23/2012

Electronic Signature of Signing Officer or Director — Date