


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 024 ***150.00

DOCUMENT # H81115 1. Entity Name FIRST PROFESSIONALS INSURANCE COMPANY, INC.					
Principal Place of Business 1000 RIVERSIDE AVENUE 8TH FLOOR JACKSONVILLE, FL 32204 US			Mailing Address 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-6614702			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D SELANDER, GUY T MD 1731 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Divita, Charles III 225 Water Street, Suite 1400 Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGBY, RICHARD J MD 4138 SHORECREST ROAD ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kirschner, Kenneth M. 300A Wharfside Way Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WORTELBOER, ROBERT L JR 1000 RIVERSIDE AVE 8TH FLOOR JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP White, Robert E. Jr. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, JOHN R 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Byers, John R. 225 Water Street, Suite 1400 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, H RAYMOND DDS 943 CESERY BOULEVARD JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVPT Sicilian, Louis V. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, TERENCE P MD 2412 WEST PLAZA DRIVE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Rominger, Elizabeth 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	<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: <i>Peggy A. Parks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Peggy A. Parks <i>2/7/07</i> (904) 360-3605 Date Daytime Phone #		

ATTACHMENT
CONTINUATION OF
NUMBER 10 and 11

40013303
#18115

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	SVP Rominger, Beth 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Scheriff, Frederick 600 North Pine Island Rd., Ste. 250 Plantation, Florida 33324		
Title Name St. Address City-ST-Zip	VP Driscoll, Kurt F. 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Rapp, Clifford 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	SVPT Sicilian, Lou 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Bishop, James 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Archer, Laura 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Bedford, John 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Adams, Melanie 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	AS Lanfri, Carol 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	AS Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202		