

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81115

FILED
Jan 15, 2009
Secretary of State

Entity Name: FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

225 WATER STREET
SUITE 1400
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-6614702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DVP () Delete
Name: DIVITA, CHARLES III
Address: 225 WATER STREET, SUITE 1400
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MALCOLM, GRAHAM T
Address: 225 WATER STREET, SUITE 140
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP () Delete
Name: WHITE,, ROBERT E JR
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: CD () Delete
Name: BYERS, JOHN R
Address: 225 WATER STREET SUITE 1400
City-St-Zip: JACKSONVILLE, FL 32202

Title: DSVP () Delete
Name: SICILIAN, LOUIS V
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: SVP () Delete
Name: ROMINGER, ELIZABETH
Address: 1000 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GRAHAM, THOMAS M
Address: 225 WATER STREET, SUITE 140
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP (X) Change () Addition
Name: WHITE, ROBERT E JR
Address: 1000 RIVERSIDE AVENUE, 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

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

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

Title: AS (X) Change () Addition
Name: PARKS, PEGGY A
Address: 225 WATER STREET, SUITE 1400
City-St-Zip: JACKSONVILLE, FL 32202

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: PEGGY A PARKS

AS

01/15/2009

Electronic Signature of Signing Officer or Director

Date