## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N98000005100 1. Entity Name



**FILED** Mar 18, 2008 8:00 am Secretary of State

03-18-2008 90013 027 \*\*\*\*61.25

FCCI MU	TUAL INSURANCE HOLDIN	IG COMPANY						
6300 UNIVERSITY PARKWAY		Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240		400479	45			
		····						
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008 Ch	ng-NP CR2E00	37 (12/06)		
City & State		City & State		4. FEI Number 65-086646	 1	<del></del>	plied For	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registered		<u> </u>	
KOVAL, THOMAS A			Name	Name				
6300 UNIV	ERSITY PARKWAY A, FL 34240		Street Address		Not Acceptable)			
	.,, . = = . =							
			City		FL	Zip Code	e	
	named entity submits this statement for	the purpose of changing its	registered office or regi	stered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
tile obligati	ons of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating)	DATE			
	Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		Make chec Florida Depar	k payable to timent of St		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEENE, JOSEPH 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(see a	ttached)	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STAFFORD, JOHN T 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, G.W. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMANN, CHARLES 6300 UNIVERSITY PKWY. SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, TIMOTHY 6300 UNIVERSITY PKWY SARASOTA, FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANDERS, ROBERT 6300 UNIVERSITY PKWY SARASOTA, FL 34240 certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ined in Chapter 119 Flor	rida Statutas 1 further con	Change	Addition	

Thereby centry what the information supplied with this little goes not quality 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 617, 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.

## ATTACHMENT 40047945 #N98000005100

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Title

Director Chairman

Executive V.P., CFO & Treasurer Executive V.P. & Secretary Executive V.P. Director, President and CEO Director Director Director Director Director

Executive V.P. & Chief Regional Officer

Rupert Willis

6300 University Pkwy, Sarasota, FL 34240

Debra Douglas Charles Baumann Roy Yahraus Robert Benjamin Craig Johnson Gordon W. Jacobs Marvin Haber Robert Flanders Tim Clarke Joseph Keene

FEIN: 65-0866461

Address

Name

John Stafford

FCCI Mutual Insurance Holding Company Florida 2008 Annual Report

6300 University Pkwy, Sarasota, FL 34240 6300 University Pkwy, Sarasota, FL 6300 University Pkwy, Sarasota, FI