
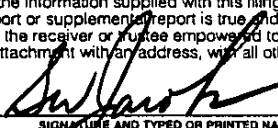


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90151 025 ***150.00

| | | | | | |
|---|--|---------------------|---|--|--|
| DOCUMENT # P00000023466 1. Entity Name FCCI COMMERCIAL INSURANCE COMPANY | | | |  | |
| Principal Place of Business 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 | | | Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0078381 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KOVAL, THOMAS A 6300 UNIVERSITY PKWY SARASOTA, FL 34240 | | | | 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, 2005 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 | CD BAUMANN, CHARLES 6300 UNIVERSITY PKWY SARASOTA, FL 34240 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached Schedule | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STOTTEMYER, CHARLES 6300 UNIVERSITY PKWY SARASOTA, FL 34240 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition For Additions & Changes | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CONYERS, ALBERT 6300 UNIVERSITY PKWY SARASOTA, FL 34240 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FLANDERS, ROBERT 6300 UNIVERSITY PKWY SARASOTA, FL 34240 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FOXWORTHY, H. RONALD 6300 UNIVERSITY PKWY SARASOTA, FL 34240 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V JOHNSON, CRAIG 6300 UNIVERSITY PKWY SARASOTA, FL 34240 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | G.W. Jacobs <small>Date</small> | | |
| | | | 4-13-05 <small>Daytime Phone #</small> | | |
| | | | 941-907-7605 | | |

ATTACHMENT

FCCI COMMERCIAL INSURANCE COMPANY
FEIN: 65-0078381
FLORIDA 2005 UNIFORM BUSINESS REPORT
DOCUMENT # P00000023466

40067076

#11. ADDITIONAL OFFICERS & DIRECTORS:

TITLE: C/D
NAME: JOHN STAFFORD
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: WILLIAM GETZEN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: MARVIN HABER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D/P
NAME: G. W. JACOBS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: DAVID WEBBER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/S
NAME: DEBRA DOUGLAS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: JOSEPH KEENE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/T
NAME: CHARLES BACHAND
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

#11. CHANGES TO OFFICERS & DIRECTORS:

TITLE: D
NAME: CHARLES BAUMANN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240