## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000018144

Entity Name: BUSINESSFIRST INSURANCE COMPANY

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	STALWOOD ), FL 33801	DRIVE				
Current Mailing Address:			New Maili	New Mailing Address:		
	STALWOOD ), FL 33801	DRIVE				
FEI Number:	03-0506789	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
SUITE 1300 JACKSON	PENDENT D 0 VILLE, FL 32 named entity	2202 US	urpose of changing it	ts registered	d office or registered agent, or both,	
SIGNATURE:						
	Electro	onic Signature of Registered Age	ent		Date	
Election Can	npaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS	AND DIRE	CTORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( KUNDRAT, W 6009 LOVE R TALLAHASSE	IDGE DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SANDEFER, 0 107 FISH CR PALATKA, FL	EEK TR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D,S ( NISSEN, NIS 4406 SUGAR LAKELAND, F	TREE DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D,P ( PETCOFF, TH 1212 KELLS LAKELAND, F	СТ	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WINTZ, CHAR 8146 CROSS		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HANSELMAN	RLAND POINT DRIVE	Title: Name: Address: City-St-Zip:	D,T HANSELMAN 4631 WOOD TAMPA, FL	LAND CORPORATE BLVD., STE. 300	

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: THOMAS S. PETCOFF D,P 04/10/2009