

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018144

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** BUSINESSFIRST INSURANCE COMPANY

**Current Principal Place of Business:**

2025 CRYSTALWOOD DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

2025 CRYSTALWOOD DRIVE  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 03-0506789

**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 32399 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:** D  
**Name:** KUNDRAT, W. JR  
**Address:** 6009 LOVE RIDGE DR  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** D  
**Name:** SANDEFER, GEORGE H  
**Address:** 107 FISH CREEK TR  
**City-St-Zip:** PALATKA, FL 32177

**Title:** D,S  
**Name:** NISSEN, NIS H III  
**Address:** 4406 SUGARTREE DR  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** D,P  
**Name:** PETCOFF, THOMAS S  
**Address:** 1212 KELLS CT  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** D  
**Name:** WINTZ, CHARLES R  
**Address:** 8146 CROSSWIND RD  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** D,T  
**Name:** HANSELMAN, JOHN D  
**Address:** 4631 WOODLAND CORPORATE BLVD., STE. 300  
**City-St-Zip:** TAMPA, FL 33614

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS S. PETCOFF

D,P

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date