2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018144

Entity Name: BUSINESSFIRST INSURANCE COMPANY

FILED Feb 09, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2025 CRYSTALWOOD DRIVE LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

2025 CRYSTALWOOD DRIVE LAKELAND, FL 33801

FEI Number: 03-0506789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

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.

III lile State of Flor

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: [

 Name:
 KUNDRAT, W. JR

 Address:
 6009 LOVE RIDGE DR

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: [

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: [

 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 02/09/2011