2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049664

Entity Name: FIRST HOME INSURANCE COMPANY

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	BURY ROAD, ILLE, FL 3221				
Current Mailing Address:			New Mailing Address:		
4500 SALISBURY ROAD, SUITE 100 JACKSONVILLE, FL 32216					
FEI Number: 2	20-2569088	FEI Number Applied For ()	El Number Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent 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.					
SIGNATURE:					
	Electroni	Signature of Registered Agent		Date	
Election Cam		(2)(b), F.S., the corporation did not re Trust Fund Contribution(). ORS:	•	e. IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LEFLER, WALTE	Y ROAD, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS () I KORDUCKI, STE 4500 SALISBUR JACKSONVILLE,	Y ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I RIVERS, BRYAN 1501 LADY STR COLUMBIA, SC	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I MANETTI, LOUIS 222 WEST ADAM CHICAGO, IL 60	IS STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MILLER, MARK J 222 WEST ADAMS STREET CHICAGO, IL 60606 US	
Title: Name: Address: City-St-Zip:	D () I PATTERSON, GE 222 WEST ADAM CHICAGO, IL 60	AS STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I GOLEM, DENNIS 222 WEST ADAM CHICAGO, IL 60	AS STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KRIVOZUS, YANA 222 WEST ADAMS STREET CHICAGO, IL 60606 US	

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: W.MICHAEL LEFLER CEO 06/17/2009