

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90219 002 ***150.00

DOCUMENT # P05000059341

1. Entity Name

PREMIER INDEMNITY HOLDING COMPANY



Principal Place of Business

Mailing Address

2655 ULMERTON ROAD #342
CLEARWATER FL 33762

2655 ULMERTON ROAD #342
CLEARWATER FL 33762



2. Principal Place of Business

3. Mailing Address

3001 N. Rocky Point Dr. East **3001 N. Rocky Point Dr. East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

Tampa

Tampa

Zip

Country

US

Zip

Country

US

33607

33607

4. FEI Number

20-2680961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNPHY, JOHN R
C/O BLANK, MEENAN & SMITH, P.A.
204 SOUTH MONROE STREET
TALLAHASSEE FL 32302

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$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
DP
BARRETT, GREGG
106 TERRACE HL
BIGFORK MT 59911 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
RHODE, STEPHEN
1966 EDGEcombe ROAD
ST. PAUL MN 55116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
Rhode, Stephen
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
Hardy, Philip
6075 Grcot Road #67
Mobile, AL 36609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Joseph Pingatore, Joseph
2954 Highland Ave St.
Roseville, MN 55113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Atkinson, Richard
18 Briarwood Lane,
Rochester, IL 62563 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Majerus, William
2203 Riverwood Place
St. Paul, MN 55104 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Stephen L. Rhode **Stephen L. Rhode**

4/24/06

651-699-6838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #