

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090637

FILED
Apr 14, 2009
Secretary of State

Entity Name: HILLCREST INSURANCE COMPANY

Current Principal Place of Business:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14037
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 20-3070957

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
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 () Delete
Name: SMITH, VERNON D
Address: 3150 N A1A #501N
City-St-Zip: FORT PIERCE, FL 34949

Title: DVPS () Delete
Name: PETRONE, ERNEST A
Address: 1309 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: DCT () Delete
Name: PETRONE, KATHY S
Address: 1309 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: ESPLING, KAREN S
Address: 5772 NEWBURY CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SMITH, CHRISTOPHER D
Address: 6975 65TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: CCFO () Delete
Name: THOMPSON, WILLIAM
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change () Addition
Name: PETRONE, ERNEST A
Address: 1309 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCFO (X) Change () Addition
Name: THOMPSON, WILLIAM J
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: WILLIAM J. THOMPSON

CFO

04/14/2009

Electronic Signature of Signing Officer or Director

Date