

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068834

Entity Name: TBC INSURANCE, INC.

FILED  
Mar 14, 2011  
Secretary of State

## Current Principal Place of Business:

601 BAYSHORE BOULEVARD  
SUITE 900  
TAMPA, FL 33606 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX ONE  
TAMPA, FL 336010001 US

## New Mailing Address:

FEI Number: 26-0516887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JUNKERMANN, RICHARD L  
601 BAYSHORE BOULEVARD  
SUITE 900  
TAMPA, FL 33606 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

## OFFICERS AND DIRECTORS:

Title: V  
Name: FEEMAN, DAVID W  
Address: 601 BAYSHORE BOULEVARD, SUITE 100  
City-St-Zip: TAMPA, FL 33606 US

Title: CPD  
Name: WEST, WILLIAM O  
Address: 601 BAYSHORE BOULEVARD, SUITE 900  
City-St-Zip: TAMPA, FL 33606 US

Title: V  
Name: SCHOOLFIELD, JAMES A  
Address: 15302 AMBERLY DR  
City-St-Zip: TAMPA, FL 33647 US

Title: DS  
Name: HERNANDEZ, RONALD V  
Address: 601 BAYSHORE BOULEVARD, SUITE 635  
City-St-Zip: TAMPA, FL 33606 US

Title: DV  
Name: SINTON, CHRISTOPHER  
Address: 601 BAYSHORE BLVD, SUITE 900  
City-St-Zip: TAMPA, FL 33606

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: RICHARD L JUNKERMANN

RA

03/14/2011

Electronic Signature of Signing Officer or Director

Date