2001 UNIFORM BUSINESS REPORT (UBR)

PAgelote

1. Entity Name FIRST COMMUNITY INSURANCE COMPANY				
THE COMMENT INCOMMENTS COMMENT	FILED			
	01 APR 30 PM 6: 34			
Principal Place of Business Mailing Address	01 APR 30 PM 6: 34			
HUNTING RIDGE MALL 360 CENTRAL AVENUE STE 207 ST. PETERSBURG FL 33701	SECRETARY OF STATE			
BEDFORD NY 10506 US	TALLAHASSEE, FLORIDA			
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Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE			
City & State City & State	4. FEi Number 16-0986300 Applied For Not Applicable			
Zip Country Zip Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent			
THE FLORIDA INSURANCE COMMISSIONER	Name			
THE CAPITOL Street Address	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301				
City	City Zip Code			
<u> </u>				
8. The above named entity submits this statement for the purpose of changing its registered office or regist	lered agent, or both, in the State of Florida.			
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require	red when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00				
Tax filing requirement and elects to do so. After MAV 1 2001 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St	Trust Fund Contribution. Added to Fees			
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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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an accuracy, with all priner like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.Kristin Delano

(727) 823-4000

Daytime Phone #

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FIRST COMMUNITY INSURANCE COMPANY

D-C	NYE, DAVID J.	360 Central Avenue	St. Petersburg, FL
D	GUNTER, BILL	360 Central Avenue	St. Petersburg, FL
D	FROID, GARY R.	360 Central Avenue	St. Petersburg, FL
D	PIERCE, DOUGLAS B.	360 Central Avenue	St. Petersburg, FL
DV	DIPIRRO, DUANE	22 Hampton Court	Lancaster, NY
D	DEROCHE, J. MICHAEL.	711 Westchester Avenue	White Plains, NY
D	FORBES, GARY J.	135 Bedford Road	Katonah, NY
DP	MENKE, ROBERT G.	360 Central Avenue	St. Petersburg, FL
SVP	DIFRANCESCO, PAUL F.	360 Central Avenue	St. Petersburg, FL
SVP	BATSON, KATHLEEN M.	360 Central Avenue	St. Petersburg, FL
SVP	MURRAY, STEPHEN A.	360 Central Avenue	St. Petersburg, FL
SVP	BEATY, STEVEN P.	360 Central Avenue	St. Petersburg, FL
V	PEAT, BARBARA A.	360 Central Avenue	St. Petersburg, FL
٧	SWENSON, ANDREW J.	360 Central Avenue	St. Petersburg, FL
٧	SOUTHEY, ROBERT G.	360 Central Avenue	St. Petersburg, FL
٧	HECKLER, LYNN A.	360 Central Avenue	St. Petersburg, FL
V	KESNECK, BRIAN J.	360 Central Avenue	St. Petersburg, FL
V	MAKOWSKI, BRIAN T.	360 Central Avenue	St. Petersburg, FL