

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000093716

FILED
Apr 24, 2012
Secretary of State

Entity Name: RETAILFIRST INSURANCE COMPANY

Current Principal Place of Business:

2310 COMMERCE POINT DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 988
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-6656927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER OF THE STATE OF FL
200 EAST GAINES STREET
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

OFFICERS AND DIRECTORS:

Title: D
Name: KUNDRAT, JR., W.
Address: 1303 CRYSTAL GREENS
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D
Name: NISSEN III, NIS H
Address: 4406 SUGARTREE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: SANDEFER, GEORGE H
Address: 107 FISH CREEK TRAIL
City-St-Zip: PALATKA, FL 32177

Title: D
Name: PETCOFF, THOMAS S
Address: 1212 KELLS COURT
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: WINTZ, CHARLES R
Address: 8146 CROSSWIND ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: HANSELMAN, JOHN D
Address: 4631 WOODLAND CORPORATE BLVD., STE 300
City-St-Zip: TAMPA, FL 33614

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: THOMAS S. PETCOFF

D

04/24/2012

Electronic Signature of Signing Officer or Director

Date