


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90014 015 ***150.00

DOCUMENT # P93000079821 1. Entity Name FIRST COMMUNITY INSURANCE COMPANY	
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Principal Place of Business 360 CENTRAL AVE 17TH FLOOR ST PETERSBURG, FL 33701	Mailing Address 360 CENTRAL AVE 17TH FLOOR ST PETERSBURG, FL 33701
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01182008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3210808	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete NAME: MENKE, ROBERT M STREET ADDRESS: 360 CENTRAL AVE. CITY-ST-ZIP: ST PETERSBURG, FL 33701	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 11101 Roosevelt Blvd. N. CITY-ST-ZIP: St. Petersburg, Florida 33716
TITLE	DP <input type="checkbox"/> Delete NAME: MEEHAN, DAVID K STREET ADDRESS: 360 CENTRAL AVE CITY-ST-ZIP: SAINT PETERSBURG, FL 33701	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 11101 Roosevelt Blvd. N. CITY-ST-ZIP: St. Petersburg, Florida 33716
TITLE	DT <input type="checkbox"/> Delete NAME: HUSSEMAN, EDWIN C STREET ADDRESS: 360 CENTRAL AVE. CITY-ST-ZIP: ST PETERSBURG, FL 33701	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 11101 Roosevelt Blvd. N. CITY-ST-ZIP: St. Petersburg, Florida 33716
TITLE	D <input type="checkbox"/> Delete NAME: GUNTER, BILL STREET ADDRESS: 360 CENTRAL AVE CITY-ST-ZIP: ST PETERSBURG, FL 33701	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 11101 Roosevelt Blvd. N. CITY-ST-ZIP: St. Petersburg, Florida 33716
TITLE	AS <input type="checkbox"/> Delete NAME: HAIRE, NANCY C STREET ADDRESS: 360 CENTRAL AVE CITY-ST-ZIP: SAINT PETERSBURG, FL 33701	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 11101 Roosevelt Blvd. N. CITY-ST-ZIP: St. Petersburg, Florida 33716
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy C. Haire Nancy C. Haire, Asst. Secretary 2/8/2008 727-823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40030062

993000079821

FIRST COMMUNITY INSURANCE COMPANY

Exhibit to 2008 Annual Corporation Report

D-EVP	Brian L. Keefer	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
D	John A. Strong	2323 Kirkpatrick Place	Greensboro, NC 27408
D	Connie S. Parker	1650 Tysons Blvd., Suite 1600	McLean, VA 22102
D	Alejandro M. Sanchez	1001 Thomasville Rd - Suite 201	Tallahassee, FL 32302
D	Matthew B. Connolly	9481 Dogwood Estates Drive	Germantown, TN 38139
D	J. Wayne Mixson	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
D	B. Bradford Martz	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
SVP	Kathleen Batson	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Brian J. Kesneck	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
S	Gregory L. Hoffman	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Judy M. Copechal	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Timothy J. Fellabaum	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Barry W. Gates	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	William M. Gray, II	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Steven H. Strus	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Joseph W. Kinker	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Wayne S. Matthews	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Barbara A. Peat	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Donald B. Roberts	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Robert G. Southey	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Richard G. Torra	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Bev A. Sturm	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Janet H. Till	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
AS	Stephanie D. Trudel	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
AVP	Mark E. Winkler	11101 Roosevelt Blvd N	St. Petersburg, FL 33716