## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000079821

Entity Name: FIRST COMMUNITY INSURANCE COMPANY

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
11101 ROOSEVELT BLVD N ST PETERSBURG, FL 33716					
Current Mailing Address:			New Mailii	New Mailing Address:	
11101 ROOSEVELT BLVD N ST PETERSBURG, FL 33716					
FEI Number: 59-3210808 FEI Number Applied For ( ) F		FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
P O BOX 62 200 E. GAIN TALLAHAS	SEE, FL 3239	00) 990000 US			
The above in the State		submits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
		ic Signature of Registered Agent	İ	Date	
Election Cam	ıpaıgn Fınancıng	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MENKE, ROBER 11101 ROOSEV		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MEEHAN, DAVII		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HUSSEMANN, E 11101 ROOSEV		Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition MARTZ, BRADFORD B 11101 ROOSEVELT BLVD. N. SAINT PETERSBURG, FL 33716	
Title: Name: Address: City-St-Zip:	GUNTER, BILL 11101 ROOSEV	Delete /ELT BLVD. N. BURG, FL 33716 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HAIRE, NANCY 11101 ROOSEV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition STRONG, JOHN A 11101 ROOSEVELT BLVD N ST. PETERSBURG, FL 33716 US	

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: NANCY C. HAIRE AS 04/01/2009