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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000024593 (1)**

1. Corporation Name
FLORIDA FAMILY MUTUAL INSURANCE COMPANY

Principal Place of Business	*Mailing Address*
101 NORTH MONROE STREET SUITE 900 TALLAHASSEE FL 32301	101 NORTH MONROE STREET SUITE 900 TALLAHASSEE FL 32301-1546

3. Date Incorporated or Qualified: 03/19/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 720 Goodlette Road North
22: Suite, Apt. #, etc.
23: Naples Florida
24: Zip 34102
25: Country U.S.A.

2a. Mailing Address
26: P.O. Box 11389
27: Suite, Apt. #, etc.
28: Naples Florida
29: Zip 34101
30: Country U.S.A.

4. FEI Number: 59-3371996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TREASURER AND INSURANCE COMMISIONER OF FLA
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTEI, WILLIAM 1002 DEMING WAY MADISON WI 53744-5850	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director & Secretary Hardy, Lindsay Ann 122 Edgemore Way S. Naples, FL 33999	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDY, WALTER D 21032 PRESTWICK DRIVE BARRINGTON IL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director & President Hardy, Walter D. 122 Edgemore Way S. Naples, FL 33999	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDY, DAVID C 216 OKLAHOMA INGLESIDE TX	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer Coty, Beth Smith 7752 Tamara Lee Court #102 Fort Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAECKEL, JOHN E 2341 MIDVALE KALAMAZOO MI	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Rettig, Raymond Richard, Jr. 109 Turkey Run Cary, IL 60013	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTER, THOMAS J 3126 HUTTERSFIELD CIRCLE TALLAHASSEE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director & Vice President Porter, Thomas John Fountainview Circle #102 Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMMARELL, MELISSA P 604 N WHEATON WHEATON IL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Clinton, Richard Kevin 412 Oxford East Lansing, MI 48823	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter D. Hardy Walter D. Hardy (941)403-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045109