

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90041 011 ***150.00

DOCUMENT # P96000031548

1. Entity Name
**FIRST FLORIDIAN AUTO AND HOME INSURANCE
COMPANY**



Principal Place of Business
**7840 WOODLAND CTR BLVD
TAMPA, FL 33614**

Mailing Address
**POB 30094
TAMPA, FL 33630 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3372141

Applied For

Not Applicable

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
BAILY, NANCY
P.O. BOX 30094
TAMPA, FL 336303094**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Russell, Douglas K
One Tower Square
Hartford, CT 06183**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
BUCHANAN, KELLEY L.
ONE TOWER SQUARE, 9 P.B.
HARTFORD, CT 06183**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
Toc ydlowski, Gregory C
One Tower Square
Hartford, CT 06183**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WELCH, RICHARD
10 CHESNUT ST., SUITE 300
WORCESTER, MA 01608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
Hernandez, Rene
7840 Woodland Center Blvd
Tampa, FL 33614**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
FANDEL, EDWARD J.
P.O. BOX 30094
TAMPA, FL 33630**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPT
Fandel, Edward J
7840 Woodland Center Blvd
Tampa, FL 33614**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
FORSYTH, PHYLLIS
3 CENTURY DRIVE, 3RD FLOOR
PARSIPPANY, NJ 07054**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Forsyth, Phyllis
6 Century Drive
Parsippany, NJ 07054**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SANTORO, NICHOLAS J
ONE TOWER SQUARE
HARTFORD, CT 06183**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-08 (813) **890-4363**