

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061632

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** PROFESSIONAL EMPLOYERS INSURANCE, INC.

**Current Principal Place of Business:**

600 N WESTSHORE BLVD  
SUITE 800  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

600 N WESTSHORE BLVD  
SUITE 800  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3458948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLCOMB, VICTOR W  
106 S TAMPANIA AVE  
SUITE 200  
TAMPA, FL 33609 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D/P  
**Name:** HARPER, STEVEN D  
**Address:** 4311 ROBIN LN  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D/VP  
**Name:** LIESS, ROBERT  
**Address:** 2602 WEST SAM ALLEN RD  
**City-St-Zip:** PLANT CITY, FL 33564

**Title:** D  
**Name:** HARPER, WILLIAM H  
**Address:** 2930 JOHN MOORE RD  
**City-St-Zip:** BRANDON, FL 33511

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:** STEVEN HARPER

D/P

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date