

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000094574

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: SUNSHINE STATE INSURANCE COMPANY

Current Principal Place of Business:

814 ALA NORTH
SUITE 200
PONTE VEDRA BCH, FL 32082 US

Current Mailing Address:

814 ALA NORTH
SUITE 200
PONTE VEDRA BCH, FL 32082 US

FEI Number: 59-3476554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

814 A1A NORTH
SUITE 200
PONTE VEDRA BCH, FL 32082 US

New Mailing Address:

814 A1A NORTH
SUITE 200
PONTE VEDRA BCH, FL 32082 US

Name and Address of Current Registered Agent:

VOLPE, T.W.
1301 RIVERPLACE BLVD., #1700
JACKSONVILLE, FL 32207 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGUIRE, BRIAN R
Address: 99 PARK AVENUE-11TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: HUTCHINSON, FRANKLIN D
Address: 1501 LADY STREET
City-St-Zip: COLUMBIA, SC 29201

Title: D () Delete
Name: KING, JOSEPH N
Address: 20 HORSENECK LANE
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: HOWSON, BRUCE K
Address: 109 MARSH REDD LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: CONNELL, KB
Address: 5A NORTH COTE WESTE
City-St-Zip: PEMBROKE, BE 06830

Title: VCFO () Delete
Name: ERVIN JR, RICHARD L
Address: 814 A1A NORTH STE-200
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD L. ERVIN, JR.

VCFO

04/23/2002

Electronic Signature of Signing Officer or Director

Date