

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104995

1. Entity Name

DESOTO INSURANCE COMPANY

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90056 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3522 THOMASVILLE ROAD  
SUITE 300  
TALLAHASSEE FL 32312

P.O. BOX 14075  
TALLAHASSEE FL 32317-4075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32308

4. FEI Number 59-8474449  
59-3473339

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

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32399

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Delete  
NAME RIKER, WILLIAM I  
STREET ADDRESS 65 PAMPAS LANE - La Pampas Road  
CITY-ST-ZIP SMITHS PARISH, BERMUDA Smiths, Bermuda

TITLE Chief Claims Officer ☐ Change ☒ Addition  
NAME Guin Netzel  
STREET ADDRESS 6421 Mallard Trace Dr.  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE Director ☒ Delete  
NAME NICHOLS, JOHN D JR  
STREET ADDRESS 35 SKYLINE DRIVE  
CITY-ST-ZIP SMITHS PARISH BERMUDA

TITLE Director ☐ Change ☒ Addition  
NAME John Lummis  
STREET ADDRESS 38 Harbour Road  
CITY-ST-ZIP Beverly, Bermuda

TITLE Director ☐ Delete  
NAME STANARD, JAMES N  
STREET ADDRESS 15 ARDSHEAL DR  
CITY-ST-ZIP PAGET BERMUDA 00666

TITLE Director ☐ Change ☒ Addition  
NAME Robert Hynes  
STREET ADDRESS 17 Pearman Road  
CITY-ST-ZIP Hamilton, Parish, Bermuda

TITLE Director and President ☐ Delete  
NAME RICKER, ROBERT L  
STREET ADDRESS 1750 MARSTON PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE Director and Secretary ☐ Change ☒ Addition  
NAME Diana Petty  
STREET ADDRESS 11 Rocky Ridge Road  
CITY-ST-ZIP Smiths, Bermuda

TITLE CFO (Chief Financial Officer) ☐ Delete  
NAME MCCONNELL, JOHN D  
STREET ADDRESS 9004 Shoal Creek Dr. } New address  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Chief Underwriting Officer + Actuary ☐ Delete  
NAME Howard Kunst  
STREET ADDRESS 6315 Mallard Trace Dr.  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I 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 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 11 or Block 12 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 #

(850) 894-2777

CR2E034 (9/99)