2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024612

Entity Name: FIRST PROTECTIVE INSURANCE COMPANY

FILED Mar 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
200 COLONIAL CENTER PKWY. STE. 100					
	Y, FL 32746	US			
Current Mailing Address: New Mai				g Address:	
PO BOX 95	2709 Y, FL 32795	US			
FEI Number: 59-3498334		FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
VENDITTELLI, LOUIS ESQ. 200 COLONIAL CENTER PKWY. STE. 100 LAKE MARY, FL 32746 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCEO () D PORTER, LANIER 202 GRAYSIDE C MAITLAND, FL 32	R M CIRCLE, #204	Title: Name: Address: City-St-Zip:	DCEO (X) Change () Addition PORTER, LANIER M 202 GRAYSIDE CIRCLE, #204 MAITLAND, FL 32751 US	
Title: Name: Address: City-St-Zip:	DPS () D PORTER, LEMAN 1505 WHITSTABL LAKE MARY, FL	LE CT.	Title: Name: Address: City-St-Zip:	DPS (X) Change () Addition PORTER, LEMAN M 1505 WHITSTABLE CT. LAKE MARY, FL 32746 US	
Title: Name: Address: City-St-Zip:	DVPT () D WILLIAMS, DWAY 3414 FOX MEADO LONGWOOD, FL	OW CT	Title: Name: Address: City-St-Zip:	DVPT (X) Change () Addition WILLIAMS, DWAYNE 3414 FOX MEADOW CT LONGWOOD, FL 32779 US	
Title: Name: Address: City-St-Zip:	DC () D KING, WILLIS T J 122 PROSPECT S SUMMIT, NJ 079	ST	Title: Name: Address: City-St-Zip:	DC (X) Change () Addition KING, WILLIS T JR 122 PROSPECT ST SUMMIT, NJ 07901 US	
Title: Name: Address: City-St-Zip:	DVP () D HUMPHREY, HAR 8940 SW 160TH S LAKE MARY, FL	ST.	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition HUMPHREY, HAROLD M 8940 SW 160TH ST. LAKE MARY, FL 32746 US	
Title: Name: Address: City-St-Zip:	D () D COSGROVE, JOH 201 W FLAGLER MIAMI, FL 33130	IN F ST.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCDONALD, EMILY R 149 OAK RIDGE AVE SUMMIT, NJ 07901 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LEMAN M PORTER P 03/01/2007