2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024612

Entity Name: FIRST PROTECTIVE INSURANCE COMPANY

FILED Mar 10, 2009 Secretary of State

Current Dringing Blood of Business				New Principal Place of Business:				
Current Principal Place of Business: N					New Fillicipal Flace of Busiliess.			
200 COLONIAL CENTER PKWY. STE. 100								
	Y, FL 32746	US						
Current Mailing Address:				New Mailing Address:				
PO BOX 952709 LAKE MARY, FL 32795 US								
FEI Number: 59-3498334 FEI Number Applied For ()		FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()			e of Status Desired ()		
Name and Address of Current Registered Agent: Name					lame and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 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 () Delete PORTER, LANIER M 202 GRAYSIDE CIRCLE, #204 MAITLAND, FL 32751 US		Na Ad	tle: ame: ddress: ity-St-Zip:	DCEO (X) Change () Addition PORTER, LANIER M 3144 HASSI PT LONGWOOD, FL 32779 US			
Title: Name: Address: City-St-Zip:	DPS () D PORTER, LEMAN 1505 WHITSTABL LAKE MARY, FL	∟E CT.	Na Ad	tle: ame: ddress: ity-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	DVPT () D WILLIAMS, DWAY 3414 FOX MEADO LONGWOOD, FL	OW CT	Na Ad	tle: ame: ddress: ity-St-Zip:	WILLIAMS, I 224 STRATE			
Title: Name: Address: City-St-Zip:	DC () D KING, WILLIS T J 122 PROSPECT S SUMMIT, NJ 079	ST	Na Ac	tle: ame: ddress: ity-St-Zip:	KING, WILLI 4940 SAN M			
Title: Name: Address: City-St-Zip:	DVP () D HUMPHREY, HAR 8940 SW 160TH S LAKE MARY, FL	ST.	Na Ac	tle: ame: ddress: ity-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	D () D MCDONALD, EMI 149 OAK RIDGE A SUMMIT, NJ 079	AVE	Na Ad	tle: ame: ddress: ity-St-Zip:	D MCDONALD 6 LORRAINE SUMMIT, NJ	RD) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DWAYNE R. WILLIAMS DVPT 03/10/2009