

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024612

FILED
Feb 07, 2012
Secretary of State

Entity Name: FIRST PROTECTIVE INSURANCE COMPANY

Current Principal Place of Business:

7131 BUSINESS PARK LANE
SUITE 300
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 952709
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 59-3498334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: PORTER, LANIER M
Address: 3144 HASSI PT
City-St-Zip: LONGWOOD, FL 32779 US

Title: DPS
Name: PORTER, LEMAN M
Address: 2501 ALAQUA DR
City-St-Zip: LONGWOOD, FL 32779 US

Title: DVPT
Name: WILLIAMS, DWAYNE
Address: 224 STRATFORD DR
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DC
Name: KING, WILLIS T JR
Address: 4940 SAN MARINO CIR
City-St-Zip: LAKE MARY, FL 32746 US

Title: D
Name: HUMPHREY, HAROLD M
Address: 8940 SW 160TH ST.
City-St-Zip: MIAMI, FL 33157 US

Title: D
Name: MCDONALD, EMILY R
Address: 6 LORRAINE RD
City-St-Zip: SUMMIT, NJ 07901 US

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: DWAYNE WILLIAMS

VP

02/07/2012

Electronic Signature of Signing Officer or Director

Date