2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

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04-07-2003 90195 040 ***150.00

DOCUMENT # P98000024612

1. Entity Name
FIRST PROTECTIVE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1857WELLS RD	99 HILLSIDE AVE
STE 226	STE 990
ORANGE PARK FL 32073	WILLISTON PARK NY 11596
US	US

2. Principal Place of Business	3. Mailing Address
615 Crescent Exec Ct.	PO BOX 952709
Suite, Apt. #, etc.: Suite #100	Suite, Apt. #, etc.
City & State: LAKE MARY, FL	City & State: LAKE MARY, FL
Zip: 32746 Country: USA	Zip: 32795 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3498334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPTS	☐ Delete
NAME	DURR, CHARLES E	
STREET ADDRESS	75 COLONIAL AVE	
CITY-ST-ZIP	WILLISTON PARK NY 11596	
TITLE	D	☐ Delete
NAME	BARHAM, NORMAN	
STREET ADDRESS	13782 MONACO WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	☐ Delete
NAME	ZUK, DONALD J	
STREET ADDRESS	1813 POINSETTIA LANE	
CITY-ST-ZIP	MANHATTAN BEACH CA	
TITLE	D	☐ Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	122 PROSPECT ST	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	D	☐ Delete
NAME	KELLER, JOY	
STREET ADDRESS	777 MAIN ST SUITE 1000	
CITY-ST-ZIP	FORT WORTH TX 76107	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Willis T. King Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-24-2003

Daytime Phone #: 407-444-5224