
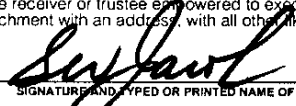


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 043 ***150.00

DOCUMENT # P98000077873 1. Entity Name FCCI INSURANCE COMPANY					
Principal Place of Business 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240			Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1365094	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMANN, CHARLES 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONVERS, ALBERT 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, G.W. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBBER, DAVID 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, CRAIG 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STAFFORD, JOHN 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input type="checkbox"/> Delete			
SEE ATTACHED SHEET			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SEE ATTACHED SHEET			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SEE ATTACHED SHEET			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SEE ATTACHED SHEET			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/13/06		(941) 907-7605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40052482

#P98000077873

FCCI INSURANCE COMPANY

FEIN: 59-1365094

FLORIDA 2006 UNIFORM BUSINESS REPORT

DOCUMENT # P98000077873

#11. ADDITIONAL OFFICERS & DIRECTORS:

TITLE: D
NAME: ROBERT FLANDERS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: H. RONALD FOXWORTHY
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: WILLIAM GETZEN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: MARVIN HABER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/S
NAME: DEBRA DOUGLAS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: JOSEPH KEENE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/T
NAME: CHARLES BACHAND
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

#11. CHANGES TO OFFICERS & DIRECTORS:

Delete:

TITLE: D
NAME: CHARLES STOTTLEMYER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

Add:

TITLE: D
NAME: TIMOTHY CLARKE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240