

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077873

Entity Name: FCCI INSURANCE COMPANY

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240

## New Principal Place of Business:

## Current Mailing Address:

6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240

## New Mailing Address:

FEI Number: 59-1365094

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 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAUMANN, CHARLES  
Address: 6300 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: FLANDERS, ROBERT  
Address: 6300 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34240

Title: PCEO ( ) Delete  
Name: JACOBS, GORDON W  
Address: 6300 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: BENJAMIN, ROBERT  
Address: 6300 UNIVERSITY PKWY  
City-St-Zip: SARASOTA, FL 34240

Title: VCFO ( ) Delete  
Name: JOHNSON, CRAIG  
Address: 6300 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34240

Title: C ( ) Delete  
Name: STAFFORD, JOHN  
Address: 6300 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: DOUGLAS, DEBRA  
Address: 6300 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBRA H. DOUGLAS

SEC

03/25/2009

Electronic Signature of Signing Officer or Director

Date

[illegible]