2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 8:00 am Secretary of State 04-10-2007 90015 014 ***150.00

DOCUMENT # S71712 1. Entity Name FCCI INSURANCE GROUP, INC.						04-10-2007	_	4 ***150	0.00	
Principal Place of Business 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240		Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240			· • • • • • • • • • • • • • • • • • • •					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007	Chg-P	CR2E03	4 (12/06)			
City & State		City & State		4. FEI Numbe 65-0278			- 	plied For t Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent		
KOVAL, THOMAS A					Name					
6300 UNIVERSITY PARKWAY SARASOTA, FL 34240				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									and accept	
the obligations of registered agent. SIGNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when roinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete JACOBS, G W 6300 UNIVERSITY PKWY SARASOTA, FL			l l	SEE AT	☐ Chang			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBBER, DAVID L. 6300 UNIVERSITY PKWY SARASOTA, FL 34232	∏ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXWORTHY, H.R. 6300 UNIVERSITY PKWY SARASOTA, FL	☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	EET ADDRESS - \$1-ZIP				☐ Change	Addilion	
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: 🔼

3/30/07 (800) 226-3224

ATTACHMENT

40055487 #571712

Title

Chairman

Vice Chairman
Director
Director
Director
Director
Director
Director
Director/Pres/CEO
Executive V.P./CFO/Treasurer
Executive Vice President & Secretary
Executive Vice President
Executive Vice President

Name

FCCI Insurance Group Inc. Florida 2007 Annual Report

FEIN: 65-0278007

John Stafford
William Getzen
Robert Flanders
H. Ronald Foxworthy
Charles Baumann
Marvin Haber
Tim Clarke
Gordon W. Jacobs
Craig Johnson
Debra Douglas

Rupert Willis

Joseph Keene

Address

6300 University Pkwy, Sarasota, FI 34240
6300 University Pkwy, Sarasota, FL 34240