

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71712

FILED
Mar 25, 2009
Secretary of State

Entity Name: FCCI INSURANCE GROUP, INC.

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: 65-0278007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: V () Delete
Name: KEENE, JOSEPH
Address: 6300 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34232

Title: EVP () Delete
Name: WILLIS, RUPERT
Address: 6300 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL

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

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

Title: D () Delete
Name: HABER, MARVIN
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: () 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:

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

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 DOUGLAS

SEC

03/25/2009

Electronic Signature of Signing Officer or Director

Date

Name

John Stafford
Robert Benflamin
Robert Flanders
Roy Varhaus
Charles Baumann
Marvin Haber
Tim Clarke
Gordon W. Jacobs
Craig Johnson
Debra Douglas
Joseph Keene
Rupert Willis

FCCI Insurance Group Inc.
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 Florida 2008 Annual Report
 FEIN: 65-0278007

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