2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2023
Secretary of State
6060828448CC

DOCUMENT# P95000071645

Entity Name: FFVA MUTUAL INSURANCE CO.

Current Principal Place of Business:

800 TRAFALGAR CT
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

PO BOX 948239
MAITLAND, FL 32794 US

FEI Number: 59-6828087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, HALSTON
800 TRAFALGAR CT
SUITE 200
MAITLAND, FL 32751 US

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: HALSTON FERNANDEZ 02/02/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	WARMUS, JAMES W
Address	11047 CLIPPER CT
City-State-Zip:	WINDERMERE FL 34786

Title	PRESIDENT, CEO, DIRECTOR
Name	HAIR, ALAN E
Address	800 TRAFALGAR COURT, SUITE 200
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	STUART, MICHAEL J.
Address	33 ANTIBES
City-State-Zip:	LAGUNA NIGUEL CA 92677

Title	VC
Name	ROGERS, GLENN R
Address	6161 WEST JONES
City-State-Zip:	ZELLWOOD FL 32798

Title	CHAIRMAN
Name	DUNSON, LESLIE III
Address	PO BOX 589
City-State-Zip:	WINTER HAVEN FL 33882

Title	DIRECTOR
Name	HARLLEE, JR., PETER S.
Address	1803 21ST STREET WEST
City-State-Zip:	PALMETTO FL 34221

Title	DIRECTOR
Name	ROE, MORGAN H
Address	500 AVENUE R, SW
City-State-Zip:	WINTER HAVEN FL 33880

Title	SECRETARY
Name	FERNANDEZ, HALSTON
Address	800 TRAFALGAR CT SUITE 200
City-State-Zip:	MAITLAND FL 32751

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I hereby 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 all other like empowered.

SIGNATURE: HALSTON FERNANDEZ SECRETARY 02/02/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	LEHNEN, ROBERT
Address	800 TRAFALGAR COURT SUITE 200
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	WILLIAMS, ALONZO
Address	2633 GUIANA PLUM DRIVE
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	CASTRO-ANZOLA, JUAN
Address	843 PALM COVE DRIVE
City-State-Zip:	ORLANDO FL 32835