

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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**04/26/2022**

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

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

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

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

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

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

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****04/26/2022**

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