

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024593

Entity Name: FLORIDA FAMILY INSURANCE COMPANY**Current Principal Place of Business:**27599 RIVERVIEW CENTER BLVD. SUITE 100
BONITA SPRINGS, FL 34134-4323**Current Mailing Address:**27599 RIVERVIEW CENTER BLVD. SUITE 100
BONITA SPRINGS, FL 34134-4323 US**FEI Number:** 59-3371996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER, STATE OF FLORIDA
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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:** CHIEF FINANCIAL OFFICER STATE OF FLORIDA

03/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name WIGGS, WILLIAM H
Address 27599 RIVERVIEW CENTER BLVD.
SUITE 100
City-State-Zip: BONITA SPRINGS FL 34134-4323

Title CEO
Name WIGGS, WILLIAM H
Address 27599 RIVERVIEW CENTER BLVD.
SUITE 100
City-State-Zip: BONITA SPRINGS FL 34134-4323

Title VP - CONT
Name LIGGETT, ROBERT
Address 27599 RIVERVIEW CENTER BLVD.
SUITE 100
City-State-Zip: BONITA SPRINGS FL 34134-4323

Title CFO
Name WIGGS, WILLIAM H
Address 27599 RIVERVIEW CENTER BLVD.
SUITE 100
City-State-Zip: BONITA SPRINGS FL 34134-4323

Title SVP
Name MCCARTY, ANTHONY O
Address 27599 RIVERVIEW CENTER BLVD.
SUITE 100
City-State-Zip: BONITA SPRINGS FL 34134-4323

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: ROBERT LIGGETT

VP - CONT

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date