2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2016
Secretary of State
CC6205454643

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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 02/23/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES	Title	CEO
Name	CORRIGAN, PETER J	Name	HARDY, WALTER D
Address	27599 RIVERVIEW CENTER BLVD. SUITE 100	Address	27599 RIVERVIEW CENTER BLVD. SUITE 100
City-State-Zip:	BONITA SPRINGS FL 34134-4323	City-State-Zip:	BONITA SPRINGS FL 34134-4323
Title	CONT	Title	CFO
Name	LIGGETT, ROBERT	Name	WIGGS, WILLIAM H
Address	27599 RIVERVIEW CENTER BLVD. SUITE 100	Address	27599 RIVERVIEW CENTER BLVD. SUITE 100
City-State-Zip:	BONITA SPRINGS FL 34134-4323	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 A LIGGETT CONT 02/23/2016

Electronic Signature of Signing Officer/Director Detail — Date