

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000080941

**Entity Name:** FHM INSURANCE COMPANY

**Current Principal Place of Business:**

4601 TOUCHTON ROAD EAST  
BLDG. 300, STE. 3150  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4601 TOUCHTON ROAD EAST  
BLDG. 300, STE. 3150  
JACKSONVILLE, FL 32246

**FEI Number:** 59-6077796

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
200 E. GAINES ST.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVC  
Name BOND, WILLIAM JR  
Address 4601 TOUCHTON RD EAST, STE 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title DS  
Name RICHARDSON, MARY S  
Address 4601 TOUCHTON RD EAST, STE 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title DASC  
Name GABEL, GEORGE DJR  
Address 4601 TOUCHTON RD EAST, STE 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title DC  
Name HEALAN, JACK BJR  
Address 4601 TOUCHTON RD EAST STE. 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title DT  
Name SEAY, JOSEPH G  
Address 4601 TOUCHTON RD EAST STE. 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title VP, CORPORATE SERVICES, ASST. TREASURER  
Name JOHN, LEMINE A  
Address 4601 TOUCHTON ROAD EAST BLDG. 300, STE. 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name LUPINO, MATTHEW  
Address 4601 TOUCHTON ROAD EAST BLDG. 300, STE. 3150  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name BANKS, WALTER  
Address 4601 TOUCHTON ROAD EAST BLDG. 300, STE. 3150  
City-State-Zip: JACKSONVILLE FL 32246

*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:** JOHN A LEMINE

**EVP - CORPORATE SERVICES**

**02/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date