2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2017
Secretary of State
CC8798463934

DOCUMENT# P97000096033

Entity Name: FLORIDA HOME BUILDERS INSURANCE, INC.

Current Principal Place of Business:

2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 15459
TALLAHASSEE, FL 32317-5459 US

FEI Number: 59-3478874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSH, BENJAMIN B.
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 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: BENJAMIN B. BUSH 04/25/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	CARTER, DAVID
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	BAGGETT, ALAN
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	HARRISON, BILL
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	LINDER, JERRY
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	CEO
Name	LEACH, JAMES G
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	HALL, CINDY
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	KLUCZYNSKI, NORBERT
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	STEWART, JEREMY
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

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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: KIMBERLY SCOTT CFO 04/25/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	O'DOWD, STEVE
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	HANSFORD, GEORGE
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	TRUEX, BILL
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	NYCE, CHARLES
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	MATOVINA, GREGORY
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	CFO
Name	SCOTT, KIMBERLY
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	FLACK, BILL
Address	2600 CENTENNIAL PLACE
City-State-Zip:	TALLAHASSEE FL 32308