

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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**FEI Number:** 59-3478874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOREHAND, JOHN W
800 N. CALHOUN STREET
SUITE 1B
TALLAHASSEE, FL 32303 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 CHAIRMAN
Name HANSFORD, GEORGE
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title CEO
Name DRIGGERS, KEITH M
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 DIRECTOR
Name GRAHAM, SUZANNE
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name BRADY, TOM
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 KENYON, CHIP
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: KEITH M. DRIGGERS

CEO

06/14/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MARONEY, PATRICK
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 LIEBERMAN, RON
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