2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P98000024612

Entity Name: FIRST PROTECTIVE INSURANCE COMPANY

Current Principal Place of Business:

200 COLONIAL CENTER PKWY.
STE. 100
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 952709
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 59-3498334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: PORTER, LANIER M
Address: 202 GRAYSIDE CIRCLE, #204
City-St-Zip: MAITLAND, FL 32751 US

Title: DPS ( ) Delete
Name: PORTER, LEMAN M
Address: 1505 WHITSTABLE CT.
City-St-Zip: LAKE MARY, FL 32746 US

Title: DVPT ( ) Delete
Name: WILLIAMS, DWAYNE
Address: 3414 FOX MEADOW CT
City-St-Zip: LONGWOOD, FL 32779 US

Title: DC ( ) Delete
Name: KING, WILLIS T JR
Address: 122 PROSPECT ST
City-St-Zip: SUMMIT, NJ 07901 US

Title: DVP ( ) Delete
Name: HUMPHREY, HAROLD M
Address: 8940 SW 160TH ST.
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete
Name: MCDONALD, EMILY R
Address: 149 OAK RIDGE AVE
City-St-Zip: SUMMIT, NJ 07901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: PORTER, LANIER M
Address: 3144 HASSI PT
City-St-Zip: LONGWOOD, FL 32779 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVPT (X) Change ( ) Addition
Name: WILLIAMS, DWAYNE
Address: 224 STRATFORD DR
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DC (X) Change ( ) Addition
Name: KING, WILLIS T JR
Address: 4940 SAN MARINO CIR
City-St-Zip: LAKE MARY, FL 32746 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MCDONALD, EMILY R
Address: 6 LORRAINE RD
City-St-Zip: SUMMIT, NJ 07901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DWAYNE R. WILLIAMS DVPT 03/10/2009
Electronic Signature of Signing Officer or Director Date