

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024612

Entity Name: FIRST PROTECTIVE INSURANCE COMPANY**Current Principal Place of Business:**7131 BUSINESS PARK LANE
SUITE 300
LAKE MARY, FL 32746**Current Mailing Address:**PO BOX 952709
LAKE MARY, FL 32795 US**FEI Number: 59-3498334****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
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:** CHIEF FINANCIAL OFFICER**02/23/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DCEO
Name PORTER, LANIER M
Address 3144 HASSI PT
City-State-Zip: LONGWOOD FL 32779Title DPS
Name PORTER, LEMAN M
Address 2501 ALAQUA DR
City-State-Zip: LONGWOOD FL 32779Title DVPT
Name WILLIAMS, DWAYNE
Address 224 STRATFORD DR
City-State-Zip: WINTER SPRINGS FL 32708Title DC
Name KING, WILLIS TJR
Address 4940 SAN MARINO CIR
City-State-Zip: LAKE MARY FL 32746Title D
Name HUMPHREY, HAROLD M
Address 8940 SW 160TH ST.
City-State-Zip: MIAMI FL 33157Title D
Name KING, EMILY R
Address 6 LORRAINE RD
City-State-Zip: SUMMIT NJ 07901Title DIRECTOR
Name VENDITTELLI, LOUIS V
Address 7131 BUSINESS PARK LANE
SUITE 300
City-State-Zip: LAKE MARY FL 32746

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: DWAYNE WILLIAMS**EVP****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date