

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024612

Entity Name: FIRST PROTECTIVE INSURANCE COMPANY**Current Principal Place of Business:**500 INTERNATIONAL PARKWAY
LAKE MARY, FL 32746**Current Mailing Address:**PO BOX 958405
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

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, C
Name PORTER, LANIER M
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title D, CEO, P
Name PORTER, LEMAN M
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title D, VP, T, S
Name WILLIAMS, DWAYNE
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title D, C
Name KING, WILLIS TJR
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title D
Name HUMPHREY, HAROLD M
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title D
Name KING, EMILY R
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name HUDSON, WARREN
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

Title D, CFO
Name TREUIL, BENJAMIN A
Address 500 INTERNATIONAL PARKWAY
City-State-Zip: LAKE MARY FL 32746

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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: DWAYNE WILLIAMS

EVP

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SILCOX, WILLARD A.
Address	500 INTERNATIONAL PARKWAY
City-State-Zip:	LAKE MARY FL 32746