


**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90061 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 836021</b>			
1. Entity Name <b>STONEBRIDGE CASUALTY INSURANCE COMPANY</b>			
Principal Place of Business <b>2700 W. PLANO PKWY. PLANO, TX 75075</b>		Mailing Address <b>2700 W. PLANO PKWY. PLANO, TX 75075</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> <b>P.O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<input type="checkbox"/> Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARP, MARILYN	NAME	
STREET ADDRESS	520 PARK AVE	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 212014500	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D	NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN R	NAME	Michael Eubanks
STREET ADDRESS	2700 W. PLANO PARKWAY	STREET ADDRESS	520 Park Avenue
CITY-ST-ZIP	PLANO, TX 75075	CITY-ST-ZIP	Baltimore, MD 21201
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MICHAEL L	NAME	
STREET ADDRESS	520 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 21201	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, BRENDA K	NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Cheryl Penner
STREET ADDRESS		STREET ADDRESS	2700 West Plano Parkway
CITY-ST-ZIP		CITY-ST-ZIP	Plano, TX 75075
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Cheryl Penner</u>		Date: <u>1/22/04</u> 972-881-6409	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**66404831**



01222004 Chg-P CR2E034 (10/03)