

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 836021**

1. Entity Name  
**STONEBRIDGE CASUALTY INSURANCE COMPANY**



Principal Place of Business  
**2700 W. PLANO PKWY.  
 PLANO, TX 75075**

Mailing Address  
**2700 W. PLANO PKWY.  
 PLANO, TX 75075**



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For 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**

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARP, MARILYN 520 PARK AVE BALTIMORE, MD 212014500
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERMIE, CRAIG D 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA 52499
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EUBANKS, MICHAEL 520 PARK AVENUE BALTIMORE, MD 21201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILSON, MICHAEL L 520 PARK AVENUE BALTIMORE, MD 21201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLANCY, BRENDA K 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA 52499
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PENNER, CHERYL 2700 WEST PLANO PARKWAY PLANO, TX 75075
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**DO NOT WRITE  
 IN THIS SPACE**

03/28/05-80069-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, 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:** Cheryl Penner Cheryl Penner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 972-881-6409  
Date Daytime Phone #