

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 836021

Entity Name

TONEBRIDGE CASUALTY INSURANCE COMPANY



Principal Place of Business

2700 W. PLANO PKWY.
PLANO, TX 75075

Mailing Address

2700 W. PLANO PKWY.
PLANO, TX 75075



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 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**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: CARP, MARILYN
STREET ADDRESS: 520 PARK AVE
CITY-ST-ZIP: BALTIMORE, MD 212014500

TITLE: DV
NAME: VERMIE, CRAIG D
STREET ADDRESS: 4333 EDGEWOOD RD N.E.
CITY-ST-ZIP: CEDAR RAPIDS, IA 52499

TITLE: S
NAME: EUBANKS, MICHAEL
STREET ADDRESS: 520 PARK AVENUE
CITY-ST-ZIP: BALTIMORE, MD 21201

TITLE: C
NAME: WILSON, MICHAEL L
STREET ADDRESS: 520 PARK AVENUE
CITY-ST-ZIP: BALTIMORE, MD 21201

TITLE: DV
NAME: CLANCY, BRENDA K
STREET ADDRESS: 4333 EDGEWOOD RD N.E.
CITY-ST-ZIP: CEDAR RAPIDS, IA 52499

TITLE: AS
NAME: PENNER, CHERYL
STREET ADDRESS: 2700 WEST PLANO PARKWAY
CITY-ST-ZIP: PLANO, TX 75075

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02/28/06-80035-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

02/03/2006

972-881-6409