


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 036 ***150.00

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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

40014389



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERMIE, CRAIG D 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EUBANKS, MICHAEL 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILSON, MICHAEL L 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLANCY, BRENDA K 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PENNER, CHERYL 2700 WEST PLANO PARKWAY PLANO, TX 75075

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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 1-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #