

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836021

FILED
Apr 07, 2011
Secretary of State

Entity Name: STONEBRIDGE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

4333 EDGWOOD RD., N.E.
CEDAR RAPIDS, IO 52499

New Principal Place of Business:

Current Mailing Address:

4333 EDGWOOD RD., N.E.
CEDAR RAPIDS, IO 52499

New Mailing Address:

FEI Number: 31-4423946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: WALKER, EDWARD H III
Address: 520 PARK AVE
City-St-Zip: BALTIMORE, MD 212014500

Title: DVP
Name: VERMIE, CRAIG D
Address: 4333 EDGEWOOD RD N.E.
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: VPS
Name: EUBANKS, MICHAEL
Address: 520 PARK AVENUE
City-St-Zip: BALTIMORE, MD 21201

Title: VP
Name: WILSON, MICHAEL L
Address: 520 PARK AVENUE
City-St-Zip: BALTIMORE, MD 21201

Title: DEVP
Name: CLANCY, BRENDA K
Address: 4333 EDGEWOOD RD N.E.
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: VP
Name: WRIGHT, KEITH
Address: 2700 WEST PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

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: CRAIG D VERMIE

DVP

04/07/2011

Electronic Signature of Signing Officer or Director

Date