

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122370

FILED  
Jan 19, 2004  
Secretary of State

Entity Name: PEACHTREE CASUALTY INSURANCE COMPANY

## Current Principal Place of Business:

1533 N RIDGE LAKE CIR  
LONGWOOD, FL 327504554

## New Principal Place of Business:

## Current Mailing Address:

1533 N RIDGE LAKE CIR  
LONGWOOD, FL 327504554

## New Mailing Address:

FEI Number: 58-1548761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
200 E.GAINES ST.  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

RAY, ROBERT J  
1533 N RIDGE LAKE CIRCLE  
LONGWOOD, FL 327504554 US

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: ROBERT J. RAY

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIAL, WILLIAM A JR  
Address: 910 S POWERS CT  
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete  
Name: TEFFT, DONALD E  
Address: 165 BRICKLEBERRY DR  
City-St-Zip: ROSWELL, GA 30075

Title: D ( ) Delete  
Name: YERRAMILLI, JAIRAM  
Address: 4730 NICKLAUS DR  
City-St-Zip: DULUTH, GA 30096

Title: D ( ) Delete  
Name: JOHNSTON, MARIANNE  
Address: 3966 FAIRINGTON DR  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: KLEIN, SHERRI  
Address: 2947 CANTON CHASE DR  
City-St-Zip: MARIETTA, GA 30062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM A. DIAL, JR.

D

01/19/2004

Electronic Signature of Signing Officer or Director

Date