2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# P01000122370

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 (X)**

Name and Address of Current Registered Agent:

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

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: D (X) Change ( ) Addition
Name: JOHNSTON, MARIANNE
Address: 215 OAKLEAF TRAIL
City-St-Zip: BALL GROUND, GA 30107

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: JAIRAM YERRAMILLI D 02/25/2005

Electronic Signature of Signing Officer or Director — Date