


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90037 038 ***150.00

DOCUMENT # P01000122370					
1. Entity Name PEACHTREE CASUALTY INSURANCE COMPANY					
Principal Place of Business 1533 N RIDGE LAKE CIR LONGWOOD, FL 32750-4554		Mailing Address 2889 ELMWOOD DRIVE SMYRNA, GA 30080-3709 US			
2. Principal Place of Business - No P.O. Box # <i>755 WEST STATE RD, 434</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>LONGWOOD, FL</i>		City & State		4. FEI Number 58-1548761	
Zip <i>32750</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country <i>SEMINOLE</i>		Zip		Country	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name <i>ROBERT J. RAY</i> Street Address, P.O. Box Number is Not Acceptable <i>755 WEST STATE ROAD, 434</i> City <i>LONGWOOD</i> FL Zip Code <i>32750</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAL, WILLIAM A JR		NAME		
STREET ADDRESS	910 S POWERS CT		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30327		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<i>DS</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEFFT, DONALD E		NAME	<i>YERRAMILI, JAIRAM</i>	
STREET ADDRESS	165 BRICKLEBERRY DR		STREET ADDRESS	<i>4730 NICKLAUS DR.</i>	
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP	<i>DULUTH, GA 30096</i>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERRAMILI, JAIRAM		NAME		
STREET ADDRESS	4730 NICKLAUS DR		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, MARIANNE		NAME		
STREET ADDRESS	215 OAKLEAF TRAIL		STREET ADDRESS		
CITY-ST-ZIP	BALL GROUND, GA 30107		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, SHERRIE		NAME		
STREET ADDRESS	3760 POST OAK TRITT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>JAIRAM YERRAMILI</i>			Date <i>3-3-08</i> Daytime Phone # <i>770-436-7575</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>X/29</i>		