2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27228

Entity Name: ROCHE SURETY AND CASUALTY COMPANY, INC.

FILED
Jan 02, 2018
Secretary of State
CC2935031942

Current Principal Place of Business:

4107 NORTH HIMES AVENUE - 2ND FLOOR

TAMPA, FL 33607

Current Mailing Address:

4107 NORTH HIMES AVENUE - 2ND FLOOR TAMPA, FL 33607 US

FEI Number: 59-2136562 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTIN, MELISA M 4107 NORTH HIMES AVENUE - 2ND FLOOR TAMPA, FL 33607 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO Title DIRECTOR

Name ROCHE, ARMANDO O Name ROCHE, LINDA J

Address 4107 NORTH HIMES AVENUE Address 4107 NORTH HIMES AVENUE

2ND FLOOR 2ND FLOOR

TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

TitlePDTitleSEC, TREASURERNameROCHE, SHANNONNameMARTIN, MELISA

Address 4107 NORTH HIMES AVENUE Address 4107 NORTH HIMES AVENUE

2ND FLOOR 2ND FLOOR

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title D Title D

Name POLLOCK, GEORGE ASR Name PRIDA, LUCIANO

Address 4107 NORTH HIMES AVENUE Address 1106 NORTH FRANKLIN STREET 2ND FLOOR

City-State-Zip: TAMPA FL 33602

City-State-Zip: TAMPA FL 33607

Title DIRECTOR

Name PRIDA, ANDRES
Name POLLACK, GEORGE

Address 4107 NORTH HIMES AVENUE Address 1106 NORTH FRANKLIN STREET

2ND FLOOR City-State-Zip: TAMPA FL 33619

City-State-Zip: TAMPA FL 33607

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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: MELISA MARTIN SECRETARY 01/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name CABALLERO, JOSEPH

4107 NORTH HIMES AVENUE 2ND FLOOR Address

City-State-Zip: TAMPA FL 33607