

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122370

Entity Name: PEACHTREE CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**350 10TH AVENUE
SUITE 1400
SAN DIEGO, CA 92101**Current Mailing Address:**ATTN: LEGAL DEPT.
7711 CENTER AVENUE SUITE 200
HUNTINGTON BEACH, CA 92647 US**FEI Number:** 58-1548761**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO AND DIRECTOR
Name	RICO, VALERIA
Address	7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647
Title	CFO, SECRETARY AND DIRECTOR
Name	TREBING, ROBERT
Address	7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647
Title	CONTROLLER, ASSISTANT SECRETARY AND DIRECTOR
Name	ZIC, ROBERT
Address	ATTN: LEGAL DEPT. 7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647

Title	CHAIRMAN AND DIRECTOR
Name	ROTHBERG, MARTIN
Address	7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647
Title	PRESIDENT AND DIRECTOR
Name	LAVITE, RICARDO J
Address	ATTN: LEGAL DEPT. 7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647

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: ROBERT TREBING**SECRETARY****03/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date