

**2014 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:**

350 10TH AVE.  
SUITE 1400  
SAN DIEGO, CA 92101 US

**FEI Number:** 58-1548761

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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:** ANDREW SWINDALL

01/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCD  
Name SWINDALL, ANDREW M  
Address 350 10TH AVENUE, STE. 1400  
City-State-Zip: SAN DIEGO CA 92101

Title CBD  
Name SWEENEY, KIERAN  
Address 350 10TH AVENUE, STE. 1400  
City-State-Zip: SAN DIEGO CA 92101

Title SD  
Name CORNELL, BRAD  
Address 350 10TH AVENUE, STE. 1400  
City-State-Zip: SAN DIEGO CA 92101

Title D  
Name LIPPINCOTT, GRANT  
Address 350 10TH AVENUE, STE. 1400  
City-State-Zip: SAN DIEGO CA 92101

*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:** ANDREW SWINDALL

**PRESIDENT**

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date