

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122370

Entity Name: PEACHTREE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

124 MARRIOTT DRIVE
SUITE 104
TALLAHASSEE, FL 32301

Current Mailing Address:

8200 BECKETT PARK DRIVE
SUITE 201
WEST CHESTER, OH 45069 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 PRESIDENT, DIRECTOR
Name LINDEN, DANIEL
Address ONE CHURCH STREET
City-State-Zip: HAMILTON BERMUDA HM 11

Title DIRECTOR
Name BOOTH, THOMAS A.
Address 25 EASTCHEAP
 4TH FLOOR
City-State-Zip: LONDON EC3M 1DT

Title TREASURER, DIRECTOR
Name BROWN, STUART
Address 6 CONCOURSE PKWY
 SUITE 1460
City-State-Zip: ATLANTA GA 30328

Title SECRETARY, DIRECTOR
Name WEINSTEIN, ELENA HELEN
Address 6 CONCOURSE PKWY
 SUITE 1460
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name INSLEY, JAMES
Address 25 EASTCHEAP
 4TH FLOOR
City-State-Zip: LONDON UNITED KINGDOM EC3M
 1DT

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: ELENA HELEN WEINSTEIN

SECRETARY

01/25/2021

Electronic Signature of Signing Officer/Director Detail

Date