

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000082627

**Entity Name:** FLORIDA CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

4801 LAKEWOOD RANCH BLVD.  
SUITE 200  
SARASOTA, FL 34240

**Current Mailing Address:**

PO BOX 3646  
OMAHA, NE 68103-0646 US

**FEI Number:** 36-3155373

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
POST OFFICE BOX 6200  
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, PRESIDENT, TREASURER,  
DIRECTOR  
Name MENZIES, STEVEN  
Address 4801 LAKEWOOD RANCH BLVD.  
SUITE 200  
City-State-Zip: SARASOTA FL 34240

Title SECRETARY, DIRECTOR  
Name SILVER, JEFFREY  
Address 4801 LAKEWOOD RANCH BLVD.  
SUITE 200  
City-State-Zip: SARASOTA FL 34240

*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:** JEFFREY SILVER

**SECRETARY**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date