

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 018338 (4)

1. Corporation Name

CAROLINA CASUALTY INSURANCE COMPANY



Principal Place of Business

8381 DIX ELLIS TRAIL
SUITE 300
JACKSONVILLE FL 32256
US

Mailing Address

P.O. BOX 2575
P O BOX 2575
JACKSONVILLE FL 32203-2575
US

3. Date Incorporated or Qualified
04/18/1951

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
10
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GILSON, WARREN E., JR.
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

MICHAEL J. SNEAD

☒ Change ☐ Addition

TITLE VT
NAME HILL, JOHN S.
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE CD
NAME THOMAS, EDWARD A.
STREET ADDRESS 165 MASON STREET
CITY - ST - ZIP GREENWICH CT

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME SUTHERLAND, BETTY C.
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

600001821096
-05/14/96--01117--019

☐ Change ☐ Addition

TITLE VD
NAME STARMER, CARROLL D.
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the designated trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 "Change" or on attached "Additions" with the fees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904/363-0900

Date

Daytime Phone #

CR2E034 (12/95)