

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 212791

Entity Name: CAUSEWAY INSURANCE INC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

3652 S SEACREST BLVD
BOYNTON BCH, FL 334243629 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243629
BOYNTON BCH, FL 334243629 US

New Mailing Address:

FEI Number: 59-0843338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK,WARREN
3652 S SEACREST BLVD
BOYNTON BCH, FL 33424 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MACK, VERONICA H,
Address: 3652 S SEACREST BLVD, PO BOX 3629
City-St-Zip: BOYNTON BCH, FL

Title: PD () Delete
Name: MACK, WARREN R,
Address: 3652 S SEACREST BLVD, PO BOX 3629
City-St-Zip: BOYNTON BCH, FL

Title: STD () Delete
Name: MACK, VICKI CODY,
Address: 3652 S SEACREST BLVD, PO BOX 3629
City-St-Zip: BOYNTON BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MACK, WARREN R,
Address: 3652 S SEACREST BLVD
City-St-Zip: BOYNTON BCH, FL 33435

Title: STD (X) Change () Addition
Name: MACK, VICKI CODY,
Address: 3652 S SEACREST BLVD
City-St-Zip: BOYNTON BCH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WARREN MACK

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date