2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90413 026 ***150.00

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1. Entity Name
GEORGIA CASUALTY & SURETY COMPANY

Principal Place of Business	Mailing Address
4370 PEACHTREE RD., N.E. ATLANTA, GA 30319	PO BOX 105480 ATLANTA, GA 30348 US

04212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-0537066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKEY, GARY 1661 SANDSPUR RD MAITLAND, FL 32751-6134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C ROBINSON, JESSE MACK 4370 PEACHTREE RD., N.E. ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Evelyn R. Hickey 4370 Peachtree Rd NE Atlanta GA 30319	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, HILTON H JR 4370 PEACHTREE RD., N.E. ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Steve Molina 4370 Peachtree Rd, NE Atlanta GA 30319	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KITCHEN, ROBERT J 4370 PEACHTREE RD., N.E. ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Craig Stufflet 4370 Peachtree Rd NE Atlanta GA 30319	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOATE, EUGENE 4370 PEACHTREE RD., N.E. ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John G. Sample, Jr 4370 Peachtree Rd NE Atlanta GA 30319	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DUGGINS, JANICE C 4370 PEACHTREE RD NE ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JEANAE MARSHBURN, PATRICIA 4370 PEACHTREE RD NE ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Patricia J. Marshburn 4370 Peachtree Rd NE Atlanta GA 30319	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig B Stufflet Craig B Stufflet 4/21/2005 404-266-5789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #