

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90103 050 \*\*\*150.00

|                                                                                    |                                                                        |                                                                                   |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 855177</b>                                                           |                                                                        |  |
| 1. Entity Name<br>HERITAGE CASUALTY INSURANCE COMPANY                              |                                                                        |                                                                                   |
| Principal Place of Business<br>200 N MARTINGALE RD<br>SCHAUMBURG, IL 60173-2096 US | Mailing Address<br>200 N MARTINGALE RD<br>SCHAUMBURG, IL 60173-2096 US |                                                                                   |



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>36-2811124                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SRVP<br>MACFARLANE, GREGORY<br>200 N MARTINGALE RD<br>SCHAUMBURG, IL 601732096 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WALTER-TONEY, JOAN M<br>200 N MARTINGALE RD<br>SCHAUMBURG, IL 60173      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PRIZZIA, GARY-T<br>6620 W BROAD ST 4TH FL<br>RICHMOND, VA 23230           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>EUWEMA, JOHN B<br>200 N. MARTINGALE RD.<br>SCHAUMBURG, IL               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                |

**DO NOT WRITE  
IN THIS SPACE**

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:**

*JOHN B. EUWEMA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. EUWEMA SECRETARY, 4-15-04 (847)605-7390

Date

Daytime Phone #