2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# 855177

Entity Name: HERITAGE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

200 N MARTINGALE RD
SCHAUMBURG, IL 601732096 US

New Principal Place of Business:

Current Mailing Address:

200 N MARTINGALE RD
SCHAUMBURG, IL 601732096 US

New Mailing Address:

FEI Number: 36-2811124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: SRVP ( ) Delete
Name: MACFARLANE, GREGORY
Address: 200 N MARTINGALE RD
City-St-Zip: SCHAUMBURG, IL 601732096

Title: PD ( ) Delete
Name: WALTER-TONEY, JOAN M
Address: 200 N MARTINGALE RD
City-St-Zip: SCHAUMBURG, IL 60173

Title: T ( ) Delete
Name: PRIZZIA, GARY T
Address: 6620 W BROAD ST 4TH FL
City-St-Zip: RICHMOND, VA 23230

Title: VSD (X) Delete
Name: EUWEMA, JOHN B,
Address: 200 N. MARTINGALE RD.
City-St-Zip: SCHAUMBURG, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOSSARD, LAURENT
Address: 200 N. MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 601732096

Title: SD (X) Change ( ) Addition
Name: EUWEMA, JOHN B
Address: 200 N. MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 601732096

Title: TD (X) Change ( ) Addition
Name: BANTHIA, ASHA W
Address: 200 N. MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 601732096

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN B. EUWEMA SEC 07/01/2005

Electronic Signature of Signing Officer or Director — Date