


# 2004 FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F03000002494</b>		
1. Entity Name <b>PROVIDENCE PROPERTY &amp; CASUALTY INSURANCE COMPANY</b>		

Principal Place of Business <b>2995 LBJ FREEWAY, NO. 121 DALLAS, TX 75234</b>	Mailing Address <b>2995 LBJ FREEWAY, NO. 121 DALLAS, TX 75234</b>
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2. Principal Place of Business <b>3554 Gardenbrook Dr.</b>	3. Mailing Address <b>3554 Gardenbrook Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Dallas, Texas</b>	City & State <b>Dallas, Texas</b>
Zip <b>75234</b>	Country <b>Dallas</b>

**FILED**  
**04 NOV -1 PM 4:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



10202004 REIN-P CR2E098 (6/04)

4. FEI Number <b>13-4164015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER DEPT. OF FINANCIAL SERVICES 200 E. GAINES STREET TALLAHASSEE, FL 32399</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LANCASTER, DEREK DUANE 3554 GARDENBROOK DALLAS, TX 75234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200042354362</b> <b>11/01/04--01058--010 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHINDLER, JANICE LEE 3554 GARDENBROOK DALLAS, TX 75234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RATZEL, LARRY JOHN JR. 13255 W. BLUEMOUND RD. BROOKFIELD, WI 53005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Dale R. Schmeltzle **Dale R. Schmeltzle** **10/19/2004** **(912) 488-7868**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP 3 CFO Date Daytime Phone #