FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85355** **(2)**

1. Corporate Name
SEMINOLE CASUALTY INSURANCE COMPANY

Principal Place of Business
3716 S MILITARY TRAIL
~~597 MONTGOMERY ROAD~~
LAKE WORTH FL 33466-9512
US

Mailing Address
P O BOX 9512
~~597 MONTGOMERY ROAD~~
LAKE WORTH FL 33466-9512
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21 3716 S. MILITARY TRAIL
Suite Apt # or
22
City & State
23 LAKE WORTH FL
24 33466-9512 25 US

2a. Mailing Address
26 P.O. BOX 9512
Suite Apt # or
27
City & State
28 LAKE WORTH FL
29 33466-9512 30 US

4. FEI Number: 59-2916623 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. The corporation has subsidiaries subject to chapter 607 of the Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
DEPT. OF INSURANCE
LARSON BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505(2) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 Florida Statutes.

Signature of Registered Agent — Date: 5/4/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D SEAMAN, CARL 12 THE POPLARS ROSLYN NY	[ ] Change [ ] Addition
SD FINKELSTEIN, MYRON H. 2051 SW 52ND WAY PLANTATION FL	[ ] Change [ ] Addition
DT STRANG, CLIFFORD BERTR 8224 SEVERN DR / APT A BOCA RATON FL	DVT STRANG, CLIFFORD BERTRAM 6440 COUNTRY FAIR CIRCLE BOYNTON BEACH FL 33437 [X] Change [X] Addition
DP BERGMAN, PETER HENRY 7722 LA MIRADA BOCA RATON FL	DP BERGMAN, PETER HENRY 7870 GRANADA PLACE #602 BOCA RATON FL 33433 [X] Change [ ] Addition
D MURSTEIN, PAUL 100 INVERNESS RD. SCARSDALE NY	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is substantially identical to that required for the corporation stated in Section 607.0505 Florida Statutes. Further I certify that the information contained in the annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. That I am a director or officer 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 12 or Block 13 hereof or is attached to and made a part hereof with an address.

SIGNATURE: Peter H. Bergman — 5/4/95 — (407)-967-0502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0203507 CP