

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # J85355 (2)

1. Corporation Name

SEMINOLE CASUALTY INSURANCE COMPANY



Principal Place of Business

Mailing Address

3716 S MILITARY TRAIL
597 MONTGOMERY ROAD
LAKE WORTH FL 33466-9512
US

P.O. BOX 9512
597 MONTGOMERY ROAD
LAKE WORTH FL 33466-9512
US

2. Principal Place of Business

2a. Mailing Address

21 3716 S. MILITARY TRAIL

26 PO BOX 9512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAKE WORTH, FL

28 LAKE WORTH, FL

24 Zip Country

29 Zip Country

33466-9512 US

33466-9512 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/09/1988

3a. Date of Last Report

05/11/1995

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

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 Sections 607.0502 and 607.1508, Florida Statutes, the registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I accept the obligations of, Section 607.0505, Florida Statutes.

I, the registered agent, hereby accept the appointment as registered agent. I am

SIGNATURE

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

(NOTE: Registered agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SEAMAN, CARL
STREET ADDRESS 12 THE POPLARS
CITY-STATE-ZIP ROSLYN NY

TITLE ☐ DELETE

NAME FINKELSTEIN, MYRON H.
STREET ADDRESS 2051 SW 52ND WAY
CITY-STATE-ZIP PLANTATION FL

TITLE ☒ DELETE

NAME STRANG, CLIFFORD BERTH
STREET ADDRESS 6440 COUNTRY FAIR CIRCLE
CITY-STATE-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME BERGMAN, PETER HENRY
STREET ADDRESS 7870 GRANADA PLACE, #602
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME MURSTEIN, PAUL
STREET ADDRESS 100 INVERNESS RD.
CITY-STATE-ZIP SCARSDALE NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ Change ☐ Addition

NAME
STREET ADDRESS 63 HUNTING RIDGE ROAD
CITY-STATE-ZIP GREENWICH, CT 06831

☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☒ Addition

NAME DVT
STREET ADDRESS BLAKE, JAMES W.
CITY-STATE-ZIP 2358 SUNDERLAND AVE
WELLINGTON, FL 33414

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (407) 967 0502

Date

Daytime Phone #

CR2E034 (12/95)