

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J85355** (2)
1. Corporation Name
SEMINOLE CASUALTY INSURANCE COMPANY



Principal Place of Business 3716 S MILITARY TRAIL LAKE WORTH FL 33466-8512 US	Mailing Address P.O. BOX 8512 LAKE WORTH FL 33466-8512 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/09/1988	3a. Date of Last Report 04/16/1996
		4. FEI Number 59-2916623	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, CARL	1.2 NAME	
STREET ADDRESS	63 HUNTING RIDGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKELSTEIN, MYRON H.	2.2 NAME	STEIN, LEWIS
STREET ADDRESS	2051 SW 52ND WAY	2.3 STREET ADDRESS	552 JUNE COURT
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	WEST HEMPSTEAD, NY 11552
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JAMES W	3.2 NAME	
STREET ADDRESS	2358 SUNDERLAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, PETER HENRY	4.2 NAME	
STREET ADDRESS	7870 GRANADA PLACE, #802	4.3 STREET ADDRESS	18637 Ocean Mist Dr.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURSTEIN, PAUL	5.2 NAME	
STREET ADDRESS	100 INVERNESS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/4/97 (561) 967 0502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)