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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

J85355

## SEMINOLE CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3716 S MILITARY TRAIL LAKE WORTH FL 33466-9512 US	P.O. BOX 9512 LAKE WORTH FL 33466-9512 US
Principal Place of Business 1	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

**FILED** Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1988 4. FEI Number Applied For 59-2916623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 24 29 30 Name and Address of New Registered Agent Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER DEPT. OF INSURANCE Street Address (P.O. Box Number is Not Acceptable) LARSON BUILDING TALLAHASSEE FL 32399 Zip Code 84 City 85 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE TITLE SEAMAN, CARL 12 NAME NAME 63 HUNTING RIDGE RD STREET ADDRESS 1.3 STREET ADDRESS **GREENWICH CT** CITY-ST-ZIP 1.4 CITY-ST-ZIP DEFELE Change Addition 2.1 TITLE TITLE n 2.2 NAME STEIN, LEWIS NAME 552 JUNE CT. 2.3 STREET ADDRESS STREET ADORESS WEST HEMPSTEAD NY CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE BLAKE, JAMES W 3.2 NAME NAME 2358 SUNDERLAND AVE 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 3.4. CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE BERGMAN, PETER HENRY NAME 4.2 NAME 18637 OCEAN MIST DR. STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change . Addition 5.1 TITLE TITLE MURSTEIN, PAUL NAME 5.2 NAME 100 INVERNESS RD. STREET ADDRESS **5 3 STREET ADDRESS** SCARSDALE NY CITY-ST-ZIP 5.4 City-ST-ZiP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed from an attachile of the corporation of the

SIGNATURE:

CITY-ST-ZIP

1/23/98 561 967 0502