

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90229 015 ***158.75

DOCUMENT # **J85355**

1. Corporation Name

SEMINOLE CASUALTY INSURANCE COMPANY

Principal Place of Business

**2393 S. CONGRESS AVENUE
W. PALM BEACH FL 33406
US**

Mailing Address

**P.O. BOX 9512
LAKE WORTH FL 33466-9512
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1988

4. FEI Number

59-2916623

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SEAMAN, CARL**
STREET ADDRESS **63 HUNTING RIDGE RD**
CITY-ST-ZIP **GREENWICH CT**

TITLE **D** ☐ DELETE

NAME **STEIN, LEWIS**
STREET ADDRESS **552 JUNE CT.**
CITY-ST-ZIP **WEST HEMPSTEAD NY**

TITLE **DVT** ☐ DELETE

NAME **BLAKE, JAMES W**
STREET ADDRESS **2358 SUNDERLAND AVE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **DP** ☐ DELETE

NAME **BERGMAN, PETER HENRY**
STREET ADDRESS **18637 OCEAN MIST DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DS** ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☒ Change

☒ Addition

☐ Change

☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

581 515 2500

Date

Daytime Phone #

CR2E034 (1/1/98)