

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85355

FILED
Apr 30, 2004
Secretary of State

Entity Name: SEMINOLE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9512
LAKE WORTH, FL 334669512 US

New Mailing Address:

FEI Number: 59-2916623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEAMAN, CARL,
Address: 63 HUNTING RIDGE RD
City-St-Zip: GREENWICH, CT

Title: D () Delete
Name: STEIN, LEWIS
Address: 552 JUNE CT.
City-St-Zip: WEST HEMPSTEAD, NY

Title: DVTS () Delete
Name: BLAKE, JAMES W
Address: 2358 SUNDERLAND AVE
City-St-Zip: WELLINGTON, FL

Title: DP () Delete
Name: SCATURRO, JOSEPH
Address: 880 NW 115TH AVE
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: FINKELSTEIN, MYRON
Address: 7305 CORKWOOD CIRCLE
City-St-Zip: TAMARAC, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. BLAKE JR.

DVTS

04/30/2004

Electronic Signature of Signing Officer or Director

Date