


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90111 027 \*\*\*158.75

<b>DOCUMENT # J85355</b>	
1. Entity Name <b>SEMINOLE CASUALTY INSURANCE COMPANY</b>	

Principal Place of Business <b>2393 S. CONGRESS AVENUE W. PALM BEACH, FL 33406 US</b>	Mailing Address <b>P.O. BOX 9512 LAKE WORTH, FL 33466-9512 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2916623</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SEAMAN, CARL
STREET ADDRESS	63 HUNTING RIDGE RD
CITY-ST-ZIP	GREENWICH, CT
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STEIN, LEWIS
STREET ADDRESS	552 JUNE CT.
CITY-ST-ZIP	WEST HEMPSTEAD, NY
TITLE	DVTS <input checked="" type="checkbox"/> Delete
NAME	BLAKE, JAMES W
STREET ADDRESS	2358 SUNDERLAND AVE
CITY-ST-ZIP	WELLINGTON, FL
TITLE	DP <input type="checkbox"/> Delete
NAME	SCATURRO, JOSEPH
STREET ADDRESS	880 NW 115TH AVE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	D <input type="checkbox"/> Delete
NAME	FINKELSTEIN, MYRON
STREET ADDRESS	7305 CORKWOOD CIRCLE
CITY-ST-ZIP	TAMARAC, FL 33327
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEVORAH, STEVEN
STREET ADDRESS	8 Oak Crest Drive
CITY-ST-ZIP	East Brunswick, NJ 08816 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNING, DANA
STREET ADDRESS	1524 Hidden Lane, Anchorage, AK 99501
CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, JACK, A.
STREET ADDRESS	1988 Polo Lake Dr., Wellington, FL 33414
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10391 Stonebridge Blvd.,
CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, BARBARA, J.
STREET ADDRESS	1216 SW 21st Ave., Boynton Beach, FL 33426
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Perry* Secretary *4-12-05* *561-515-2500*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Barbara J. Perry*