


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90009 022 \*\*\*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>	
2. Principal Place of Business <b>6691 Nob Hill Road</b>		3. Mailing Address <b>P.O. Box 451719</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tamara, FL</b>		City & State <b>Sunrise, FL</b>	
Zip <b>33321</b>		Zip <b>33345</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2916623</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
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>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAMAN, CARL 63 HUNTING RIDGE RD GREENWICH, CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK, JACK, A. 1269 NW 126th Ave. Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEVORAH, STEVEN 8 OAK CREST DR EAST BRUNSWICK, NJ 08816	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DANA 1524 HIDDEN LANE ANCHORAGE, AK 99501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCATURRO, JOSEPH 880 NW 115TH AVE PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, MYRON 10391 STONEBRIDGE BLVD BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRY, BARBARA J 1216 SW 21ST VE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Barbara J. Perry</u> <u>Barbara J. Perry, Secretary</u> <u>2-21-06</u> <u>800-393-5827</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			