

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85355

FILED
Jan 13, 2009
Secretary of State

Entity Name: SEMINOLE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

6691 NOB HILL RD
FORT LAUDERDALE, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 451719
FORT LAUDERDALE, FL 33345 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: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D/S () Delete
Name: MEVORAH, STEVEN
Address: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D () Delete
Name: MANNING, DANA
Address: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: P () Delete
Name: SAMMARIO, RONALD
Address: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D/T () Delete
Name: SUTTON, RANDY
Address: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D () Delete
Name: HALPER, STEVEN
Address: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

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
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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 exemption stated 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 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: RANDY SUTTON

D/T

01/13/2009

Electronic Signature of Signing Officer or Director

Date

J85355 Filed 1/13/09



Seminole Casualty Insurance Company

PO Box 451779 - Sunrise, FL 33345

Direct Line - (954) 623-6709

Additional Officer/director

January 26, 2009

BY FAX TO 850-245-6017

State of Florida
Division of Corporations
Annual Reports Section

ATTN: KATHY

RE: SEMINOLE CASUALTY INSURANCE COMPANY
Document #J85355

Kathy:

Please add the following name as a **DIRECTOR** of Seminole Casualty Insurance Company,
as discussed:

LESLIE GENATT
6691 Knob Hill Rd. Tamarac, Fl. 33321

Thank you again for your courtesies in these matters.

Regards,

Les Sternberg, for Seminole Casualty Insurance Company

954-623-6709 Direct Line