

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85355

FILED
Feb 16, 2010
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
Name: SEAMAN, LINDA
Address: 6691 NOB HILL RD.
City-St-Zip: FORT LAUDERDALE, FL 33321

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

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

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

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

Title: D
Name: GENATT, LESLIE
Address: 6691 NOB HILL ROAD
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM JOYCE

CFO

02/16/2010

Electronic Signature of Signing Officer or Director

Date