# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2011**
**Secretary of State**

## DOCUMENT# J85355

**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

## 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:        T/F
Name:        JOYCE, WILLIAM
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                      01/04/2011
Electronic Signature of Signing Officer or Director                                            Date