FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:41

DOCUMENT # **J94906** **(1)**

1. Corporation Name
OAK CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
2035 HARDING ST. HOLLYWOOD FL 33020	2035 HARDING ST. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/06/1988**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **36-3582683** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER **THE CAPITOL** **TALLAHASSEE FL 32301**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, Typed or Printed Name of registered agent and the date of acceptance) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	LIZZADRO, DOMINIC	12 NAME	BURMEISTER, ALFRED
STREET ADDRESS	4701 BAYVIEW DRIVE	13 STREET ADDRESS	9148 S. RICHMOND
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	EVERGREEN PARK, IL
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SACK, FREDRICK O.	22 NAME	
STREET ADDRESS	2204 WOODLAND AVENUE	23 STREET ADDRESS	
CITY ST ZIP	PARK RIDGE IL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LIZZADRO, ROSEMARY L.	32 NAME	
STREET ADDRESS	4701 BAYVIEW DR.	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	BRAUN, ELAINE	42 NAME	
STREET ADDRESS	7 SWEETWOOD COURT	43 STREET ADDRESS	
CITY ST ZIP	INDIAN HEAD PARK IL	44 CITY ST ZIP	
TITLE	DC	51 TITLE	☐ Change ☐ Addition
NAME	ALBANO, LOUIS	52 NAME	
STREET ADDRESS	1010 N. HARLEM AVE.	53 STREET ADDRESS	
CITY ST ZIP	RIVER FOREST IL	54 CITY ST ZIP	
TITLE	DP	61 TITLE	☐ Change ☐ Addition
NAME	MILLER, KENNETH L.	62 NAME	
STREET ADDRESS	371 S.E. 6TH AVE.	63 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred Burmeister ALFRED BURMEISTER 5-25-95 708-396-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001082 CP