FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **06/06/1988**
3a. Date of Last Report: **06/01/1995**
4. F.E.I. 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

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1502, 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 _____

12. OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE
NAME	LIZZADRO, DOMINIC	
STREET ADDRESS	4701 BAYVIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	SACK, FREDRICK O.	
STREET ADDRESS	2204 WOODLAND AVENUE	
CITY-ST-ZIP	PARK RIDGE IL	
TITLE	D	☐ DELETE
NAME	LIZZADRO, ROSEMARY L.	
STREET ADDRESS	4701 BAYVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DS	☒ DELETE
NAME	BRAUN, ELAINE	
STREET ADDRESS	7 SWEETWOOD COURT	
CITY-ST-ZIP	INDIAN HEAD PARK IL	
TITLE	DC	☐ DELETE
NAME	ALBANO, LOUIS	
STREET ADDRESS	1010 N. HARLEM AVE.	
CITY-ST-ZIP	RIVER FOREST IL	
TITLE	DP	☐ DELETE
NAME	MILLER, KENNETH L.	
STREET ADDRESS	371 S.E. 6TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1-1 TITLE	D	☐ Change ☒ Addition
1-2 NAME	BURMEISTER, ALFRED	
1-3 STREET ADDRESS	9148 S. RICHMOND	
1-4 CITY-ST-ZIP	EVERGREEN PARK, IL 60805	
2-1 TITLE	D	☐ Change ☒ Addition
2-2 NAME	PANDOLFO, VICTORIA	
2-3 STREET ADDRESS	1005 BELLEFONTE	
2-4 CITY-ST-ZIP	OAK PARK, IL 60302	
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: A.D. Burmeister A.D. BURMEISTER 4-9-96 708-386-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #