2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# M08000000444

Entity Name: CAROLINA CASUALTY INSURANCE GROUP, LLC

Current Principal Place of Business:

4600 TOUCHTON ROAD EAST, BLDG. 100, SUITE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4600 TOUCHTON ROAD EAST, BLDG. 100, SUITE 400
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-3356151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BERKLEY, W. ROBERT JR.	
Address:	475 STEAMBOAT ROAD	
City-St-Zip:	GREENWICH, CT 06830	
Title:	MGR	( ) Delete
Name:	BALLARD, EUGENE G	
Address:	475 STEAMBOAT ROAD	
City-St-Zip:	GREENWICH, CT 06830	
Title:	MGR	( ) Delete
Name:	LEDERMAN, IRA S	
Address:	475 STEAMBOAT ROAD	
City-St-Zip:	GREENWICH, CT 06830	
Title:	MGR	( ) Delete
Name:	HEWITT, ROBERT C	
Address:	475 STEAMBOAT ROAD	
City-St-Zip:	GREENWICH, CT 06830	
Title:	MGR	( ) Delete
Name:	MURRAY, WILLIAM F	
Address:	4600 TOUCHTON ROAD EAST, BLDG. 100,STE 400	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES:

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:	MGR	(X) Change ( ) Addition
Name:	KAMFORD, PETER L	
Address:	475 STEAMBOAT ROAD	
City-St-Zip:	GREENWICH, CT 06830	
Title:	MGR	(X) Change ( ) Addition
Name:	HAINES, WILLIAM E	
Address:	4600 TOUCHTON ROAD EAST, BLDG. 100,STE 400	
City-St-Zip:	JACKSONVILLE, FL 32246	

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM E. HAINES PRES 06/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date