

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 16, 2010
Secretary of State

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)

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
Name: BERKLEY, W. ROBERT JR.
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06830

Title: MGR
Name: BALLARD, EUGENE G
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06830

Title: MGR
Name: LEDERMAN, IRA S
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06830

Title: MGR
Name: KAMFORD, PETER L
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06830

Title: MGR
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 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

02/16/2010

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