2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004526

Title:

Title:

Name:

Address:

City-St-Zip:

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City-St-Zip:

FILED Apr 03, 2008 Secretary of State

Entity Name: CASUALTY ACTUARIES OF THE SOUTHEAST, INC.

Current Principal Place of Business: New Principal Place of Business: 901 PENINSULA CORPORATE CIR. BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 901 PENINSULA CORPORATE CIR. BOCA RATON, FL 33487 FEI Number: 65-0400732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HRAWG CORP 1801 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BURRUS, HAYDEN LAKE, HEATHÉR Name: Name: P.O. BOX 88806 Address: 26 CENTURY BLVD. Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NASHVILLE, TN 37214 Title: Title: (X) Change () Addition () Delete SOBEL, SCOTT Name: MILLER, MICHAEL Name: Address: 901 PENINSULA CORP. CIR. Address: 3340 PEACHTREE RD. STE 2950 City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: ATLANTA, GA 30326 Title: **VCRD** () Delete Title: **VCRD** (X) Change () Addition MILLER, MICHAEL DALEY, THOMAS Name: Name: 3500 LENOX ROAD SUITE 900 901 PENINSULA CORP. CIR. Address: Address: City-St-Zip: ATLANTA, GA 303264238 City-St-Zip: BOCA RATON, FL 33487 Title: () Delete Title: (X) Change () Addition Name: HEATHER, LAKE Name: SOBEL, SCOTT 26 CENTURY BLVD. Address: Address: 1501 MAIN ST, SUITE 400 City-St-Zip: NASHVILLE, TN 37214 City-St-Zip: COLUMBIA, SC 29201

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ALEJANDRA NOLIBOS VADM 04/03/2008

() Delete

() Delete

3500 LENOX ROAD, SUITE 900

FARNAN, DENISE

DAVIE, FL 33314

VADM

5701 STIRLING RD

NOLIBOS, ALEJANDRA

ATLANTA, GA 30326

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