

N9500004526

Casualty Actuaries of the Southeast
901 Peninsula Corporate Circle
Boca Raton, FL 33487

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

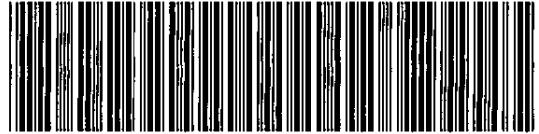
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2/19/09
10/19/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2009

CASUALTY ACTUARIES OF THE SOUTHEAST
901 PENINSULA CORPORATE CENTER
BOCA RATON, FL 33487

SUBJECT: CASUALTY ACTUARIES OF THE SOUTHEAST, INC.
Ref. Number: N95000004526

We have received your document for CASUALTY ACTUARIES OF THE SOUTHEAST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 409A00025370

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Casualty Actuaries of the Southeast, Inc.
2. The principal office address: 901 Peninsula Corporate Circle
Boca Raton, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/21/1995 Document number: N95000004526
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) _____

HRAWG Corp. (Resigned as of 7/31/09)
1801 N. Military Trail, Suite 200
Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THOMAS DALEY
NCCI Holdings, Inc.
901 Peninsula Corporate Circle
P.O. Box NOT acceptable
Boca Raton, FL 33487

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas V. Daley
Signature of an officer or director

THOMAS DALEY VP Education
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Thomas V. Daley
Signature of Registered Agent

7/14/09
Date

If signing on behalf of an entity:

THOMAS DALEY
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)