

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004526

FILED
Feb 03, 2010
Secretary of State

Entity Name: CASUALTY ACTUARIES OF THE SOUTHEAST, INC.

Current Principal Place of Business:

901 PENINSULA CORPORATE CIR.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

901 PENINSULA CORPORATE CIR.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0400732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALEY, THOMAS
901 PENINSULA CORPORATE CIR
BOCA RATON, FL 33487 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

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, MICHAEL
Address: 3340 PEACHTREE RD, STE 2950
City-St-Zip: ATLANTA, GA 30326

Title: VCOL
Name: DALEY, THOMAS
Address: 901 PENINSULA CORP. CIR.
City-St-Zip: BOCA RATON, FL 33487

Title: PP
Name: SOBEL, SCOTT
Address: 1501 MAIN ST, SUITE 400
City-St-Zip: COLUMBIA, SC 29201

Title: PE
Name: FARNAN, DENISE
Address: 5701 STIRLING RD
City-St-Zip: DAVIE, FL 33314

Title: VADM
Name: NOLIBOS, ALEJANDRA
Address: 3500 LENOX ROAD, SUITE 900
City-St-Zip: ATLANTA, GA 30326

Title: VPRO
Name: HOWALD, RUTH A
Address: PO BOX 59067
City-St-Zip: BIRMINGHAM, AL 35259

I hereby 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 all other like empowered.

SIGNATURE: ALEJANDRA NOLIBOS

VADM

02/03/2010

Electronic Signature of Signing Officer or Director

Date