

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 050 ***150.00

DOCUMENT # P01000122370
 1. Entity Name
 PEACHTREE CASUALTY INSURANCE COMPANY



Principal Place of Business: 1533 N RIDGE LAKE CIR, LONGWOOD, FL 32750-4554
 Mailing Address: 2889 ELMWOOD DRIVE, SMYRNA, GA 30080-3709 US

40017575



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02122007 Chg-P CR2E034 (12/06)

4. FEI Number: 58-1548761
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P.O. BOX 6200 32314-6200
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DIAL, WILLIAM A JR	
STREET ADDRESS	910 S POWERS CT	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TEFFT, DONALD E	
STREET ADDRESS	165 BRICKLEBERRY DR	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YERRAMILI, JAIRAM	
STREET ADDRESS	4730 NICKLAUS DR	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSTON, MARIANNE	
STREET ADDRESS	215 OAKLEAF TRAIL	
CITY-ST-ZIP	BALL GROUND, GA 30107	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, SHERRI	
STREET ADDRESS	2947 CANTON CHASE DR	
CITY-ST-ZIP	MARIETTA, GA 30062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherrie Newton	
STREET ADDRESS	3760 Post Oak Trill	
CITY-ST-ZIP	Marietta, GA 30062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jairam Yerramilli*