

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122370

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: PEACHTREE CASUALTY INSURANCE COMPANY

## Current Principal Place of Business:

755 WEST STATE ROAD 434  
LONGWOOD, FL 327504554

## New Principal Place of Business:

755 F WEST STATE ROAD 434  
LONGWOOD, FL 327504554

## Current Mailing Address:

2889 ELMWOOD DRIVE  
SMYRNA, GA 300803709 US

## New Mailing Address:

FEI Number: 58-1548761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY, ROBERT J  
755 WEST STATE ROAD, 434  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

RAY, ROBERT J  
755 F WEST STATE ROAD, 434  
LONGWOOD, FL 32750 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: WILLIAM A. DIAL, JR.

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DIAL, WILLIAM A JR  
Address: 910 S POWERS CT  
City-St-Zip: ATLANTA, GA 30327

Title: DS ( ) Delete  
Name: YERRAMILI, JAIRAM  
Address: 4730 NICKLAUS DR  
City-St-Zip: DULUTH, GA 30096

Title: DT ( ) Delete  
Name: YERRAMILI, JAIRAM  
Address: 4730 NICKLAUS DR  
City-St-Zip: DULUTH, GA 30096

Title: DV ( ) Delete  
Name: JOHNSTON, MARIANNE  
Address: 215 OAKLEAF TRAIL  
City-St-Zip: BALL GROUND, GA 30107

Title: DV ( ) Delete  
Name: NEWTON, SHERRIE  
Address: 3760 POST OAK TRITT  
City-St-Zip: MARIETTA, GA 30062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: WILLIAM A. DIAL, JR.

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date