

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122370

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: PEACHTREE CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

755 F WEST STATE ROAD 434  
LONGWOOD, FL 327504554

**New Principal Place of Business:**

755 WEST STATE ROAD 434  
SUITE F  
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 F WEST STATE ROAD, 434  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

RAY, ROBERT J  
755 WEST STATE ROAD 434  
SUITE F  
LONGWOOD, FL 327504554 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

04/16/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DIAL, WILLIAM A JR  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DS  
Name: YERRAMILLI, JAIRAM  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DT  
Name: YERRAMILLI, JAIRAM  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DV  
Name: JOHNSTON, MARIANNE  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DV  
Name: NEWTON, SHERRIE  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

Title: DV  
Name: DENT, WAYNE  
Address: 2889 ELMWOOD DRIVE  
City-St-Zip: SMYRNA, GA 300803709

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

SIGNATURE: WILLIAM A. DIAL, JR

Electronic Signature of Signing Officer or Director

DP

04/16/2010

Date