2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 28, 2006
Secretary of State

DOCUMENT# P03000034516

Entity Name: A.R.A. CASUALTY INSURANCE COMPANY, INC.

Current Principal Place of Business:

6600 S.W. 57TH AVE.
SUITE 200
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6600 S.W. 57TH AVE.
SUITE 200
MIAMI, FL 33143

New Mailing Address:

FEI Number: 68-0547002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAM, ANTHONY R
6600 SW 57TH AVENUE, SUITE 200
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

BRYER, WARREN
6600 SW 57TH AVENUE, SUITE 200
MIAMI, FL 33143 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: WARREN BRYER 06/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: ABRAHAM, ANTHONY R
Address: 6600 SW 57TH AVENUE, STE 200
City-St-Zip: MIAMI, FL 33143

Title: PRES ( ) Delete
Name: ABRAHAM, JOSEPH G
Address: 6600 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: MALOUF, THOMAS H
Address: 6600 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: ABRAHAM, THOMAS G
Address: 6600 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: S/T ( ) Delete
Name: ABRAHAM, NORMA J
Address: 6600 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: ABRAHAM, GEORGE J
Address: 6600 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33143

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: S/T (X) Change ( ) Addition
Name: BRYER, WARREN
Address: 6600 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33143

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY R. ABRAHAM CB 06/28/2006
Electronic Signature of Signing Officer or Director Date