2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# P03000034516

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

Current Principal Place of Business:

1320 S. DIXIE HIGHWAY
SUITE 241
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1320 S. DIXIE HIGHWAY
SUITE 241
CORAL GABLES, FL 33146

New Mailing Address:

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

Name and Address of Current Registered Agent:

WARREN, BRYER
1320 S. DIXIE HIGHWAY
SUITE 241
CORAL GABLES, FL 33146 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: COB
Name: ABRAHAM, ANTHONY R
Address: 1320 S. DIXIE HIGHWAY #241
City-St-Zip: CORAL GABLES, FL 33146

Title: P
Name: ABRAHAM, JOSEPH G
Address: 1320 S. DIXIE HIGHWAY #241
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: MALOUF, THOMAS H
Address: 1320 S. DIXIE HIGHWAY #241
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: ABRAHAM, TOMAS G
Address: 1320 S. DIXIE HIGHWAY #241
City-St-Zip: CORAL GABLES, FL 33146

Title: ST
Name: BRYER, WARREN
Address: 1320 S. DIXIE HIGHWAY #241
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: ABRAHAM, GEORGE J
Address: 1320 S. DIXIE HIGHWAY #241
City-St-Zip: CORAL GABLES, FL 33146

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: ANTHONY R. ABRAHAM COB 01/07/2011

Electronic Signature of Signing Officer or Director — Date