2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 02, 2008 08:00 AM DOCUMENT # P04000060246 Secretary of State 1. Entity Name FIDELITY FIRE & CASUALTY COMPANY Principal Place of Business Mailing Address 200 COLONIAL CENTER PKWY STE 100 200 COLONIAL CENTER PKWY STE 100 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05302008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 03-0549732 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 City 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 Signature, typed or nonted name of registered agent and title if englicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DC TITLE TITLE Delete ☐ Change Addition U00000952479 KING, WILLIS T NAME NAME 06/04/08-80081-011 1650.00 200 COLONIAL PKWY, STE #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE **DCEO** Delete ☐ Addition TITLE ☐ Change NAME PORTER, LANIER M NAME STREET ADDRESS 200 COLONIAL PKWY, STE #100 STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE **DPS** Detete TITLE Change ■ Addition PORTER, LEMAN M NAME STREET ADDRESS 200 COLONIAL PKWY, STE #100 STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE DVPT ☐ Delete TITLE ☐ Change Addition WILLIAMS, DWAYNE R NAME NAME STREET ADDRESS 200 COLONIAL PKWY, STE #100 STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition HUMPHREY, HAROLD M NAME STREET ADDRESS 200 COLONIAL PKWY, STE #100 STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Dwage L. Williams Dir. 5/20/08

321-248-8106

FILED