## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000131218

Entity Name: APOLLO CASUALTY COMPANY OF FLORIDA

FILED Jan 29, 2008 Secretary of State

| Current Principal Place of Business:  |   |                              |  | New Principal Place of Business:                            |                                   |
|---|---|------------------------------|--|---|-----------------------------------|
| 1180 SW 36TH AVENUE<br>SUITE 102<br>POMPANO BEACH, FL 33069   |   |                              |  | 1280 SW 36TH AVENUE<br>SUITE 305<br>POMPANO BEACH, FL 33069 |                                   |
| Current Mailing Address:  |   |                              |  | New Mailing Address:  |                                   |
| 1180 SW 36TH AVENUE<br>SUITE 102<br>POMPANO BEACH, FL 33069   |   |                              |  | 1280 SW 36TH AVENUE<br>SUITE 305<br>POMPANO BEACH, FL 33069 |                                   |
| FEI Number:   | 20-3422146  | FEI Number Applied For ( )   | FEI Nur                                      | nber Not Applicable ( )                                     | Certificate of Status Desired ( ) |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:   |   |                              |  |   |                                   |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Date   |   |                              |  |   |                                   |
| Election Cam  | npaign Financing  | Trust Fund Contribution ( ). |  |   |                                   |
| OFFICERS AND DIRECTORS:   |   |                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |                                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PTD () HIMMELSTEIN, I<br>25 CHICORY LA<br>RIVERWOODS,     | NE                           |  | Title: ( ) Name: Address: City-St-Zip:                      | ) Change()Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D () LEVINE, ERNES<br>2221 N MAGNOL<br>CHICAGO, IL 60     | .IA                          |  | Title: ( ) Name: Address: City-St-Zip:                      | ) Change ()Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CD ( ) I<br>MORRIS, GLENI<br>123 OAKMONT<br>DEERFIELD, IL |                              |  | Title: ( ) Name: Address: City-St-Zip:                      | ) Change ()Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ()<br>WENIG, KALMAI<br>2400 BRAEBURI<br>RIVERWOODS,     | N COURT                      |  | Title: ( ) Name: Address: City-St-Zip:                      | ) Change ()Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SVD () <br>COHEN, RONAL<br>2532 JASPER C<br>NORTHBROOK,   | OURT                         |  | Title: ( ) Name: Address: City-St-Zip:                      | ) Change ()Addition               |

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: MARVIN D. HIMMELSTEIN PRES 01/29/2008