2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101085

FILED Apr 16, 2009 Secretary of State

Entity Name: AMERICAN PLATINUM PROPERTY AND CASUALTY INSURANCE COMPANY

Current Pr	incipal Place o	of Business:	New Principal Plac	New Principal Place of Business:	
1110 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309					
Current Ma	ailing Address	:	New Mailing Addre	New Mailing Address:	
1110 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309					
FEI Number: 26-3635402 FEI Number Applied For () FEI Number			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER PO BOX 6200 (32314-6200) 200 E GAINES ST TALLAHASSEE, FL 32399 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			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D MEIER, BRADLE 1110 W COMMEI FT LAUDERDALE	RCIAL BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D DOWNES, SEAN 1110 W COMMEI FT LAUDERDALE	RCIAL BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D SLOGOFF, REED 1110 W COMMEN FT LAUDERDALE	RCIAL BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E SCHINDLER, OZZ 1110 W COMMEI FT LAUDERDALE	RCIAL BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D WILENTZ, JOEL 1110 W COMMEI FT LAUDERDALE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E MEIER, NORMAN 1110 W COMMEI FT LAUDERDALE	RCIAL BLVD	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					

SIGNATURE: BRADLEY MEIER 04/16/2009 D Date

above, or on an attachment with an address, with all other like empowered.