

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042666

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** PROPERTY & CASUALTY INSURANCE GROUP INC.

**Current Principal Place of Business:**

2385 NW EXECUTIVE CENTER DR  
SUITE 100  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2385 NW EXECUTIVE CENTER DR  
SUITE 100  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 80-0407198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, JODI  
2385 NW EXECUTIVE CENTER DR  
SUITE 100  
BOCA RATON, FL 33431 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:** P  
**Name:** MORRIS, JAY  
**Address:** 2609 NW 49TH ST  
**City-St-Zip:** BOCA RATON, FL 33434 US

**Title:** VP  
**Name:** MORRIS, JODI  
**Address:** 2609 NW 49TH ST  
**City-St-Zip:** BOCA RATON, FL 33434

**Title:** S  
**Name:** MORRIS, BRENDEN  
**Address:** 2609 NW 49TH ST  
**City-St-Zip:** BOCA RATON, FL 33434

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:** JAY MORRIS

PRES

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date