

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12008

FILED
Apr 04, 2006
Secretary of State

Entity Name: SAFETY NATIONAL CASUALTY CORPORATION

Current Principal Place of Business:

2043 WOODLAND PARKWAY
ST LOUIS, MO 63146 US

New Principal Place of Business:

Current Mailing Address:

2043 WOODLAND PKWY
ST LOUIS, MO 63146 US

New Mailing Address:

FEI Number: 43-0727872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CE () Delete
Name: WERNER, B K
Address: 2043 WOODLAND PKWY STE 200
City-St-Zip: ST. LOUIS, MO

Title: C () Delete
Name: ILG, HAROLD F
Address: 2043 WOODLAND PKWY STE 200
City-St-Zip: ST. LOUIS, MO

Title: PD () Delete
Name: SCHOENINGER, T. T
Address: 2043 WOODLAND PKWY STE 200
City-St-Zip: ST. LOUIS, MO

Title: DEV () Delete
Name: WILHELM, MARK A
Address: 2043 WOODLAND PKWY STE 200
City-St-Zip: ST LOUIS, MO

Title: S () Delete
Name: OTTO, JEFFREY W
Address: 2043 WOODLAND PARKWAY, SUITE 200
City-St-Zip: ST. LOUIS, MO

Title: DT () Delete
Name: HERCULES, DUANE A
Address: 2043 WOODLAND PARKWAY, SUITE 200
City-St-Zip: ST. LOUIS, MO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRESSON, STUART M
Address: 2043 WOODLAND PKWY STE 200
City-St-Zip: ST. LOUIS, MO

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY W. OTTO

Electronic Signature of Signing Officer or Director

SECT

04/04/2006

_____ Date