2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

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Entity Name: SAFETY NATIONAL CASUALTY CORPORATION

Current Principal Place of Business:

1832 SCHUETZ RD.
ST LOUIS, MO 631464235 US

New Principal Place of Business:

Current Mailing Address:

1832 SCHUETZ RD
ST LOUIS, MO 631463540 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

OFFICERS AND DIRECTORS:

Title: P
Name: SCOTT, GERALD R
Address: 1832 SCHUETZ RD
City-St-Zip: ST. LOUIS, MO 631464235 US

Title: C
Name: WILHELM, MARK A
Address: 1832 SCHUETZ RD
City-St-Zip: ST. LOUIS, MO 631464235 US

Title: VP
Name: LUEBBERT, STEPHEN F
Address: 1832 SCHUETZ RD
City-St-Zip: ST. LOUIS, MO 631464235 US

Title: CFO
Name: CSIK, JOHN P
Address: 1832 SCHUETZ RD
City-St-Zip: ST LOUIS, MO 631464235 US

Title: S
Name: OTTO, JEFFREY W
Address: 1832 SCHUETZ RD
City-St-Zip: ST. LOUIS, MO 631464235 US

Title: DT
Name: HERCULES, DUANE A
Address: 1832 SCHUETZ RD
City-St-Zip: ST. LOUIS, MO 631464235 US

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: JEFFREY W. OTTO S 01/03/2011

Electronic Signature of Signing Officer or Director — Date