

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20854

FILED
Feb 28, 2008
Secretary of State

Entity Name: INSURA PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

150 HARVESTER DRIVE, SUITE 300
BURR RIDGE, IL 60527

New Principal Place of Business:

Current Mailing Address:

4450 SOJOURN DRIVE
500
ADDISON, TX 75001

New Mailing Address:

FEI Number: 34-1316396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: PD () Delete
Name: MCPADDEN, MATTHEW S
Address: 4450 SOJOURN DRIVE, SUITE 500
City-St-Zip: ADDISON, TX 75001

Title: SVPD () Delete
Name: VAUGHAN, V. VAN
Address: 4450 SOJOURN DRIVE, SUITE 500
City-St-Zip: ADDISON, TX 75001

Title: SVPD () Delete
Name: FISHER, JOSEPH G
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

Title: VPD () Delete
Name: KUNSHKE, MICHAEL P
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

Title: D () Delete
Name: BONDI, ROBERT A
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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 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: M. SEAN MCPADDEN

PD

02/28/2008

Electronic Signature of Signing Officer or Director

Date