## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P20854

FILED Apr 23, 2010 Secretary of State

Entity Name: INSURA PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

150 HARVESTER DRIVE, SUITE 300 BURR RIDGE, IL 60527

Current Mailing Address: New Mailing Address:

4450 SOJOURN DRIVE 500 ADDISON, TX 75001

FEI Number: 34-1316396 FEI Number Applied For ( ) 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 P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: CALLAHAN, KEVIN R

Address: 150 HARVESTER DRIVE, SUITE 300

City-St-Zip: BURR RIDGE, IL 60527

Title: SVP

Name: WISE, TERENCE

Address: 150 HARVESTER DRIVE, SUITE 300

City-St-Zip: BURR RIDGE, IL 60527

Title: SVPD

Name: FISHER, JOSEPH G

Address: 150 HARVESTER DRIVE, SUITE 300

City-St-Zip: BURR RIDGE, IL 60527

Title: SVPD

Name: JENN, ANDREW A

Address: 150 HARVESTER DRIVE, SUITE 300

City-St-Zip: BURR RIDGE, IL 60527

Title: DCOO

Name: BONDI, ROBERT A

Address: 150 HARVESTER DRIVE, SUITE 300

City-St-Zip: BURR RIDGE, IL 60527

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: JOSEPH G. FISHER S 04/23/2010