

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25360

FILED
Apr 11, 2011
Secretary of State

Entity Name: NOVA CASUALTY COMPANY

Current Principal Place of Business:

8350 N.W. 52ND TERRACE
SUITE 204
MIAMI, FL 33166 US

New Principal Place of Business:

726 EXCHANGE ST
SUITE 1020
BUFFALO, NY 14210 US

Current Mailing Address:

726 EXCHANGE ST
SUITE 1020
BUFFALO, NY 14210 US

New Mailing Address:

FEI Number: 16-1140177 **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

OFFICERS AND DIRECTORS:

Title: PD
Name: ZURAITIS, MARITA
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01615

Title: S
Name: CRONIN, CHARLES F
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01615

Title: C
Name: EPPINGER, FREDERICK H
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01615 US

Title: VD
Name: RAPPAPORT, CRAIG M
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01615 US

Title: VD
Name: SCHULTZ, ROBERT D
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01615 US

Title: D
Name: TRANTER, GREGORY D
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01615

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: CHARLES F. CRONIN

S

04/11/2011

Electronic Signature of Signing Officer or Director

Date