



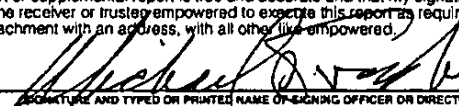
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2005 90116 040 \*\*\*150.00

FILE P94000064930

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 10 AM 11:14

<b>DOCUMENT # P94000064930</b> 1. Entity Name <b>CUMBERLAND CASUALTY &amp; SURETY COMPANY</b>					
Principal Place of Business <b>4311 WEST WATERS, SUITE 501 TAMPA, FL 33614</b>			Mailing Address <b>4311 WEST WATERS, SUITE 501 TAMPA, FL 33614</b>		
2. Principal Place of Business <b>4311 WEST WATERS AVENUE</b> Suite, Apt. #, etc. <b>SUITE 401</b> City & State <b>TAMPA, FL</b> Zip <b>33614</b>		3. Mailing Address <b>4311 WEST WATERS AVENUE</b> Suite, Apt. #, etc. <b>SUITE 401</b> City & State <b>TAMPA, FL</b> Zip <b>33614</b>			
Country <b>HILLSBOROUGH</b>		Country <b>HILLSBOROUGH</b>		4. FEI Number <b>59-2859008</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR JOHNSON, WAYNE 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDP SVALDI, MICHAEL 4311 WEST WATERS TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>4/29/2005</b> (813) 889-4006		

40080661

Attachments  
# 094000064930

IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT, IN  
AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of  
CUMBERLAND CASUALTY AND SURETY,  
An entity authorized to transact  
an insurance business in Florida

CIVIL ACTION NO.: 2004-0507

FLA BAR NO.: 0530107

**NOTICE REGARDING DEPUTY RECEIVERS**

PLEASE TAKE NOTICE:

The State of Florida, Department of Financial Services as court-appointed Receiver of this company, pursuant to the provisions of Chapter 631, Florida Statutes, has designated Patti Turpin, of the Division of Rehabilitation and Liquidation, Mary Schwantes, of the Division of Rehabilitation and Liquidation, Robert J. Castellanos, of the Division of Rehabilitation and Liquidation, Wayne Johnson, of the Division of Rehabilitation and Liquidation and Allyson Puckett, of the Division of Rehabilitation and Liquidation, and Michael Svaldi to act in the capacity of Deputy Receivers.

Said individuals shall serve as Deputy Receivers until this appointment is revoked by notice filed with this Court. All prior appointments are hereby revoked.

DATED this 19<sup>th</sup> day of March, 2004.

A Certified Copy  
Attest:

**Bob Inzer**

Clerk of Circuit Court  
Leon County, Florida

By *Daniel A. Lopez*  
D.C.



*Robert V. Elias*

ROBERT V. ELIAS  
ATTORNEY FOR THE RECEIVER  
POST OFFICE BOX 110  
TALLAHASSEE, FLORIDA 32302  
(850) 413-3179  
(850) 488-1510 FAX

ATTACHMENT #

PG 4000064930

40080661

IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT IN AND  
FOR LEON COUNTY, FLORIDA

State Of Florida, ex rel., The  
Department Of Financial Services Of  
The State Of Florida,

Relator,

v.

CASE NO.: 2004- 507

Cumberland Casualty & Surety Company,  
a Florida Corporation authorized to  
transact an insurance business in Florida

Respondent.

**CONSENT ORDER APPOINTING THE FLORIDA DEPARTMENT OF  
FINANCIAL SERVICES AS RECEIVER FOR PURPOSES OF REHABILITATION,  
INJUNCTION, AND NOTICE OF AUTOMATIC STAY**

THIS CAUSE was considered on the Petition of the State of Florida, Department of Financial Services (hereinafter the "Department") for entry of a consent order of rehabilitation of Cumberland Casualty & Surety Company. The Court having reviewed the pleadings of record, having heard presentation of counsel, and otherwise being fully informed in the premises, finds:

1. Cumberland Casualty & Surety Company (hereinafter "Respondent") is a corporation authorized pursuant to the Florida Insurance Code to transact business in the state of Florida as a domestic property and casualty insurer. Cumberland Technology, Inc. is the sole shareholder of Respondent. Respondent's corporate offices and its principal place of business is 4311 West Waters Ave., Tampa, FL 33614.

2. Section 631.021(3), Florida Statutes, provides that a delinquency proceeding pursuant to Chapter 631, Florida Statutes, constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving a Florida domiciled insurer.

ATTACHMENT # P94000064930

40080661

Civil Case 2004-507

O.W. Appointing Receiver.  
Cambridge Casalty

DONE and ORDERED in Chambers at the Leon County Courthouse in Tallahassee,  
Leon County, Florida this 26<sup>th</sup> day of February, 2004.

  
CIRCUIT JUDGE

Admitted Copy  
Attest

Bob Inzer

Clerk of Circuit Court  
Leon County, Florida

By 

