2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000072506

Entity Name: ARGUS FIRE & CASUALTY INSURANCE COMPANY

FILED Jul 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	167 STREET RDENS, FL 3316	9 US		: 163RD STREET MIAMI BEACH, FL 33160	US	
Current Mailing Address:				New Mailing Address:		
3909 NE 163RD STREET N. MIAMI BEACH, FL 33160 US				3909 NE 163RD STREET NORTH MIAMI BEACH, FL 33160 US		
FEI Number:	36-3954203 F	El Number Applied For()	FEI Number Not A	pplicable () Certificate o	f Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name a	nd Address of New Registe	ered Agent:	
CHIEF FINANCIAL OFFICER P.O.BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 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.						
SIGNATUF		Signature of Registered Age	ent	Dat	e	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () De POLACHEK, PAUL 1313 NW 167 STRI MIAMI GARDENS, I	EET	Title: Name: Address: City-St-Zi _l	S (X) Change () A CUBBISON, AARON L JD 3909 NE 163RD STREET NORTH MIAMI BEACH, FL 33		
Title: Name: Address: City-St-Zip:	D () De PARRILLO, MICHA 1313 NW 167 STR MIAMI GARDENS, I	EL R EET	Title: Name: Address: City-St-Zi _l	P (X) Change () A MILTON, DAVID S 3909 NE 163RD STREET D: NORTH MIAMI BEACH, FL 33		
Title: Name: Address: City-St-Zip:	D () De PARRILLO, RICHA 1313 NW 167 STR MIAMI GARDENS, I	RD P S EET	Title: Name: Address: City-St-Zi	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	PD () De PARRILLO, BEAU 1313 NW 167 STRI MIAMI GARDENS,	EET	Title: Name: Address: City-St-Zip	D (X) Change () A PARRILLO, BEAU 1313 NW 167 STREET D: MIAMI GARDENS, FL 33169	ddition	
Title: Name: Address: City-St-Zip:	D () De PARRILLO, RICHA 1313 NW 167 STR MIAMI GARDENS, I	RD P JR EET	Title: Name: Address: City-St-Zip	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	S () De GRIMSLEY, CHARI 1313 NW 167 STRI MIAMI GARDENS, I	LES J EET	Title: Name: Address: City-St-Zi _l	T (X) Change () A GONZALEZ, JORGE E 3909 NE 163RD STREET D: NORTH MIAMI BEACH, FL 33		

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: AARON CUBBISON S 07/23/2009