2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003
Secretary of State

DOCUMENT# P95000069289

Entity Name: SOUTHEASTERN INSURANCE CORPORATION

Current Principal Place of Business:

7900 N.W. 155 STREET
SUITE # 200
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

7900 N.W. 155 STREET
SUITE # 203
MIAMI LAKES, FL 33016 US

Current Mailing Address:

7900 N.W. 155 STREET
SUITE # 200
MIAMI LAKES, FL 33016 US

New Mailing Address:

7900 N.W. 155 STREET
SUITE # 203
MIAMI LAKES, FL 33016 US

FEI Number: 65-0617735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEANE, REGINALD E
7900 N.W. 155 STREET
SUITE # 200
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

BEANE, REGINALD E
5088 N.W. 81 AVENUE
CORAL SPRINGS, FL 33067 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: REGINALD E. BEANE 03/19/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPDS ( ) Delete
Name: BEANE, RGINALD E
Address: 7900 N.W. 155 STREET STE. # 200
City-St-Zip: MIAMI LAKES, FL 33067 US

Title: VPDT ( ) Delete
Name: CAMBERT, RENE M
Address: 7900 N.W. 155 STREET SUITE # 200
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: PD ( ) Delete
Name: ESPINOSA, LUIS M
Address: 7900 N.W. 155 STREET SUITE # 200
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPDS (X) Change ( ) Addition
Name: BEANE, RGINALD E
Address: 5088 N.W. 81 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: VPDT (X) Change ( ) Addition
Name: CAMBERT, RENE M
Address: 15824 N.W. 83 AVENUE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: PD (X) Change ( ) Addition
Name: ESPINOSA, LUIS M
Address: 15522 N.W. 82 PLACE
City-St-Zip: MIAMI LAKES, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS M. ESPINOSA PD 03/19/2003
Electronic Signature of Signing Officer or Director Date