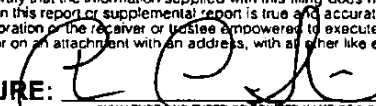


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90412 032 ***150.00

DOCUMENT # P97000081704			
1. Entity Name: VANGUARD FIRE & CASUALTY COMPANY			
Principal Place of Business 2450 MAITLAND CENTER PARKWAY SUITE 300 MAITLAND, FL 32751		Mailing Address P.O. BOX 2106 WINTER PARK, FL 32790	
2. Principal Place of Business 2600 Maitland Ctr Pkwy Suite, Apt. #, etc. 300		3. Mailing Address Suite, Apt. #, etc.	
City & State Maitland, Florida		City & State	
Zip 32751	Country	Zip	Country
4. FEI Number 59-3447604		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STINSON, THOMAS L P.O. BOX 2106 WINTER PARK, FL 32790		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2600 Maitland Center Parkway Suite 300 City Maitland FL Zip Code 32751	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUVIN, LAWRENCE P 2151 HIATUS ROAD DAVIE, FL 33325 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS Jones, Jr., Thomas R. 17950 SW 285th Street Homestead, FL 33030 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NENEZIAN, GEORGE 7000 ABERDEEN WAY MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LUND, L. ALAN 1780 N. KROME AVENUE HOMESTEAD, FL 33030 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD STINSON, THOMAS 4438 LITTLE WATER STREET ORLANDO, FL 32817 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, WILLIAM T 1622 EAGLE NEST CIR WINTER SPRINGS, FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sanders, William T 1622 Eagle Nest Cir Winter Springs, FL 32708 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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04242006 Chg-P CR2E034 (11/05)