## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000075598

Entity Name: CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

FILED Mar 27, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
13901 SU <sup>-</sup> STE 310	TTON PARK DI	E SOUTH	13901 SUT STE 310	13901 SUTTON PARK DR SOUTH STE 310		
JACKSON	IVILLE, FL 322	24	JACKSON'	JACKSONVILLE, FL 32224		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
13901 SUTTON PARK DE SOUTH STE 310 JACKSONVILLE, FL 32224			STE 310	13901 SUTTON PARK DR SOUTH STE 310 JACKSONVILLE, FL 32224		
				mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
P O BOX 6 200 E. GAI	JANCIAL OFFIC 5200 (32314-62 INES ST SSEE, FL 3239	00)				
	named entity s e of Florida.	ubmits this statement for the purpo	se of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	c Signature of Registered Agent			Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () FISHMAN, ALAN 6 WILLOW PLA BROOKLYN, NY	CE	Title: Name: Address: City-St-Zip:	CD (X FISHMAN, ALA 6 WILLOW PL BROOKLYN, N	ACE	
Title: Name: Address: City-St-Zip:	D () CUDDY, BROOF 180 EAST AVE. NEW YORK, NY	APT 16B	Title: Name: Address: City-St-Zip:	D (X CUDDY, BROO 180 EAST AVE NEW YORK, N	E. APT 16B	
Title: Name: Address: City-St-Zip:	WRAY, MARC T 20 LANSDOWN		Title: Name: Address: City-St-Zip:	WRAY, MARC 20 LANSDOW		
Title: Name: Address: City-St-Zip:	HARGER, GARY	BRIDGE LANE S	Title: Name: Address: City-St-Zip:	HARGER, GAF 4632 SWILCA	() Change () Addition RY R N BRIDGE LANE S .E, FL 32224 US	
Title: Name: Address: City-St-Zip:	VD () LUGO, LONI G 7013 ADCOTE I CORPUS CHRIS		Title: Name: Address: City-St-Zip:	LAWSON, GLE 617 ACORN C		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	MERRIMAN, D 731 SOUTH 15	) Change (X) Addition OUGLAS G ST STREET, UNIT 3-F LE BEACH, FL 32250 US	

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY R. HARGER PD 03/27/2006