

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075598

FILED
Jul 03, 2007
Secretary of State

Entity Name: CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

13901 SUTTON PARK DR SOUTH
STE 310
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13901 SUTTON PARK DR SOUTH
STE 310
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3540757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FISHMAN, ALAN H
Address: 6 WILLOW PLACE
City-St-Zip: BROOKLYN, NY 11201 US

Title: D () Delete
Name: CUDDY, BROOK L
Address: 180 EAST AVE. APT 16B
City-St-Zip: NEW YORK, NY 10128 US

Title: D () Delete
Name: WRAY, MARC T
Address: 20 LANSLOWAN RD
City-St-Zip: SEVEN OAKS KENT, UK TN13 3XU UK

Title: PD () Delete
Name: HARGER, GARY R
Address: 4632 SWILCAN BRIDGE LANE S
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VD () Delete
Name: LAWSON, GLENN S
Address: 617 ACORN COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: V (X) Delete
Name: MERRIMAN, DOUGLAS G
Address: 731 SOUTH 1ST STREET, UNIT 3-F
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JUSTICE, CRAIG L
Address: 13901 SUTTON PARK DR S STE 310
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D (X) Change () Addition
Name: ADAM, REINMANN W
Address: 14 COWDIN LN
City-St-Zip: CHAPPAQUA, NY 10519

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY R HARGER

DP

07/03/2007

Electronic Signature of Signing Officer or Director

Date