

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075598

FILED
Mar 24, 2009
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

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: VD () Delete
Name: JUSTICE, CRAIG L
Address: 516 HONEY LOCUST LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

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: 4245 STUDIO PARK AVE
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SMITH, ROBERT J
Address: 8273 SEVEN MILE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: GLENN S. LAWSON

VD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date