

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075598

FILED
Feb 21, 2012
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

OFFICERS AND DIRECTORS:

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

Title: PD
Name: BRAUNSTEIN, JOSEPH F JR
Address: 201 S SHIPWRECK AVE
City-St-Zip: PONTE VEDRA BEACH, FL 32081 US

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

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

Title: CFOV
Name: LAWSON, GLENN S
Address: 4245 STUDIO PARK AVE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D
Name: CUDDY, BROOK L
Address: 180 EAST END AVENUE APT 16B
City-St-Zip: NEW YORK, NY 10128

I hereby 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 all other like empowered.

SIGNATURE: GLENN S. LAWSON

CFOV

02/21/2012

Electronic Signature of Signing Officer or Director

Date