

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004631

**Entity Name:** SILVER OAK CASUALTY, INC.**Current Principal Place of Business:**2301 HWY 190 WEST  
DERIDDER, LA 70634**Current Mailing Address:**2301 HWY 190 WEST  
DERIDDER, LA 70634 UN**FEI Number: 72-1215354****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER OF THE STATE OF FLORIDA  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US*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

**Officer/Director Detail :**

Title CEO, DIRECTOR, PRESIDENT  
Name FROST, G. JANELLE  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER LA 70634

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT, CFO, TREASURER  
Name OMIRIDIS, ANASTASIOS  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER LA 70634

Title SECRETARY, DIRECTOR, EXECUTIVE  
VICE PRESIDENT, CHIEF  
ADMINISTRATIVE OFFICER  
Name SHIRLEY, KATHRYN H  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER LA 70634

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT, CHIEF RISK OFFICER  
Name GAGLIANO, VINCENT J  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER LA 70634

Title DIRECTOR, SENIOR V.P. OF CLAIMS  
OPERATIONS  
Name LESTAGE, IV, HENRY O  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER LA 70634

Title SENIOR VP, CONTROLLER,  
DIRECTOR  
Name PEARSON, ANGELA  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER 70634

Title DIRECTOR, VP OF CLAIMS REGION 1  
Name HOOK, SHANE  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER 70634

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT, CHIEF SALES OFFICER  
Name WISE, RAYMOND  
Address 2301 HWY 190 WEST  
City-State-Zip: DERIDDER LA 70634

*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: ANGELA PEARSON****CONTROLLER/SVP****04/22/2025**

Electronic Signature of Signing Officer/Director Detail

Date