


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 816456
1. Entity Name
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA



Principal Place of Business
**PO BOX 10800
RALEIGH, NC 27605**

Mailing Address
**PO BOX 10800
RALEIGH, NC 27605**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-0513811 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	BLINSON, MICHAEL D.
STREET ADDRESS	702 OBERLIN ROAD
CITY-ST-ZIP	RALEIGH, NC 27605
TITLE	D
NAME	KELLOGG, PETER R
STREET ADDRESS	702 OBERLIN RD
CITY-ST-ZIP	RALEIGH, NC 27605
TITLE	DC
NAME	KING, GEORGE E.
STREET ADDRESS	702 OBERLIN ROAD
CITY-ST-ZIP	RALEIGH, NC 27605
TITLE	D
NAME	KERBS, EDWARD A
STREET ADDRESS	702 OBERLIN RD
CITY-ST-ZIP	RALEIGH, NC 27605
TITLE	PD
NAME	STEPHANO, STEPHEN L
STREET ADDRESS	702 OBERLIN RD
CITY-ST-ZIP	RALEIGH, NC 27605
TITLE	C
NAME	HAMM, KEVIN J.
STREET ADDRESS	702 OBERLIN ROAD
CITY-ST-ZIP	RALEIGH, NC., 27605

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04/28/06-80062-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Blinson **MICHAEL D. BLINSON** 4/10/06 919-833-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #