

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 10: 23

DOCUMENT # **P22632** (4)  
1. Corporation Name  
**REGAL INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**1300 PARKWOOD CIRCLE SUITE #900 ATLANTA GA 30348** **1300 PARKWOOD CIRCLE SUITE #900 ATLANTA GA 30348**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/19/1989** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **58-1806192** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, MICHAEL DAVID	1.2 NAME	
STREET ADDRESS	1300 PARKWOOD CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, THOMAS SUMNER	2.2 NAME	
STREET ADDRESS	1300 PARKWOOD CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	AVT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, J. THOMAS	3.2 NAME	
STREET ADDRESS	1300 PARKWOOD CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, JOHN WILSON	4.2 NAME	
STREET ADDRESS	1300 PARKWOOD CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURNE, MAURICE F.	5.2 NAME	
STREET ADDRESS	1300 PARKWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, GEORGE HARVEY	6.2 NAME	
STREET ADDRESS	1300 PARKWOOD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Thomas Brooks **J. Thomas Brooks, Treasurer 3/7/95 404-951-5599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Term

**Regal Insurance Company**  
**Officers & Directors Listing**

**P, C-O-B, D**

**Krause, Michael David**  
1300 Parkwood Circle,  
Atlanta, GA 30339

**S-V, D**

**Mullen, John W.**  
1300 Parkwood Circle  
Atlanta, GA 30339

**V, S, D**

**Neff, Thomas S.**  
1300 Parkwood Circle  
Atlanta, GA 30339

**V**

**Hayes, George H.**  
1300 Parkwood Circle  
Atlanta, GA 30339

**A-V**

**Bonner, Kristin M.**  
1300 Parkwood Circle  
Atlanta, GA 30339

**A-V**

**Donmoyer, Philip C.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**A-V**

**Eckman, Lynne F.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**A-V**

**Hinkle, Larry W.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**E-V, D**

**Stevens, Edward Booth**  
1300 Parwood Circle  
Atlanta, Georgia 30339

**A-V, T**

**Brooks, J. Thomas**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**S-V**

**Washburne, Maurice F.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**V**

**Jensen, Patricia A.**  
1300 Parkwood Circle  
Atlanta, GA 30339

**V**

**Perry, Linda A.**  
1300 Parkwood Circle  
Atlanta, GA 30339

**V**

**Piper, David B.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**V**

**Price, Kenneth N.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**A-V, A-S**

**Vessels, Herbert S.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**Regal Insurance Company**  
**Officers & Directors List (Continued)**

**A-V**

**Inglett, Terry C.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**V**

**Spilman, Elizabeth C.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**A-S**

**Meyers, Pamela S.**  
One East Fourth Street  
Cincinnati, Ohio 45202

**A-T, D**

**Amory, Robert F.**  
One East Fourth Street  
Cincinnati, Ohio 45202

**D**

**Hahl, Neil M.**  
One East Fourth Street  
Cincinnati, Ohio 45202

**S, V, D**

**Olson, Robert W.**  
One East Fourth Street  
Cincinnati, Ohio 45202

**A-V**

**Reese, Sarah A.**  
1300 Parkwood Circle  
Atlanta, Georgia 30339

**A-S, V**

**Carlson, Robert A.**  
One East Fourth Street  
Cincinnati, Ohio 45202

**A-T**

**Gill, Robert E.**  
One East Fourth Street  
Cincinnati, Ohio 45202

**D**

**Hoover, John D.**  
One East Fourth Street  
Cincinnati, Ohio 45202