

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

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

3. Date Incorporated or Qualified: **01/19/1989**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **58-1806192**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

Signature of principal officer or director of the corporation: *J. Thomas Brooks* TITLE: Treasurer Agent of registered agent: *J. Thomas Brooks* DATE: 3/18/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAUSE, MICHAEL DAVID	
STREET ADDRESS	1300 PARKWOOD CIR	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NEFF, THOMAS SUMNER	
STREET ADDRESS	1300 PARKWOOD CIR	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	AVT	<input type="checkbox"/> DELETE
NAME	BROOKS, J. THOMAS	
STREET ADDRESS	1300 PARKWOOD CIR	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MULLEN, JOHN WILSON	
STREET ADDRESS	1300 PARKWOOD CIR	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WASHBURNE, MAURICE F.	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAYES, GEORGE HARVEY	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-STATE-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(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, 3/18/96 770-951-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)