

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22632 (4)**  
 1. Corporation Name  
**REGAL INSURANCE COMPANY**



Principal Place of Business <b>1300 PARKWOOD CIRCLE SUITE #900                  ATLANTA GA 30348</b>	Mailing Address <b>1300 PARKWOOD CIRCLE SUITE #900                  ATLANTA GA 30339-2144</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/19/1989</b>	3a. Date of Last Report <b>03/26/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-1806192</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)
B3.	B4. City
	FL B5. 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when re-issuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KRAUSE, MICHAEL DAVID	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 PARKWOOD CIR	1.2 NAME	
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD NEFF, THOMAS SUMNER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 PARKWOOD CIR	2.2 NAME	
STREET ADDRESS	ATLANTA GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AVT BROOKS, J. THOMAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 PARKWOOD CIR	3.2 NAME	
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MULLEN, JOHN WILSON	4.1 TITLE	Executive VicePresident & <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 PARKWOOD CIR	4.2 NAME	Kusumi, Gary Y.
STREET ADDRESS	ATLANTA GA	4.3 STREET ADDRESS	1300 Parkwood Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE	V WASHBURNE, MAURICE F.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 PARKWOOD CIRCLE	5.2 NAME	
STREET ADDRESS	ATLANTA GA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V HAYES, GEORGE HARVEY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 PARKWOOD CIRCLE	6.2 NAME	
STREET ADDRESS	ATLANTA GA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ 4-17-97 770-951-5599

CR2E034 (9/96)