

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 30346</b>	Mailing Address <b>1300 PARKWOOD CIRCLE SUITE #900                  ATLANTA GA 30346</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1989</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>58-1806192</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
Zip		Country		30	
7. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>INSURANCE COMMISSIONER                  CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	<b>FL</b>	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 relating)

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

14. I 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: *J. Thomas Brooks* **J. Thomas Brooks, Treasurer 4-17-98 770-951-5599**

CR2E034 (10/97)