


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

001340

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90118 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22632
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/19/1989	Applied For Not Applicable
4. FEI Number 58-1806192	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Krause, Michael David	
1.3 STREET ADDRESS	1300 Parkwood Circle	
1.4 CITY-ST-ZIP	Atlanta, GA	
2.1 TITLE	CEO & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stevens, Edward Booth	
2.3 STREET ADDRESS	1300 Parkwood Circle	
2.4 CITY-ST-ZIP	Atlanta, GA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Thomas Brooks **SIGNATURE REQUIRED** Thomas Brooks 4-13-99 (770) 951-5599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)