

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90184 009 ***150.00

DOCUMENT # P22632

1. Entity Name
REGAL INSURANCE COMPANY

Principal Place of Business Mailing Address
~~1300 PARKWOOD CIRCLE SUITE #300~~ ~~1300 PARKWOOD CIRCLE SUITE #300~~
~~ATLANTA, GA 30348~~ ~~ATLANTA, GA 30348~~

00057942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11700 Great Oaks Way		3. Mailing Address		4. FEI Number 58-1806192	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State Alpharetta, GA 30022		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country USA	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRAUSE, MICHAEL DAVID 1300 PARKWOOD CIR ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11700 Great Oaks Way Alpharetta, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VSD NEFF, THOMAS SUMNER 1300 PARKWOOD CIR ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AVT BROOKS, J. THOMAS 1300 PARKWOOD CIR ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V WASHBURNE, MAURICE F. 1300 PARKWOOD CIRCLE ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V HAYES, GEORGE HARVEY 1300 PARKWOOD CIRCLE ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CEOP STEVENS, EDWARD B 1300 PARKWOOD CIR ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ed Brooks* Date: 4/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)