

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 034 ***150.00

DOCUMENT # P22632
1. Entity Name
REGAL INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11700 Great Oaks Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 105091
Suite, Apt. #, etc.

City & State
Alpharetta, GA

City & State
Atlanta, GA

Zip
30022

Country
USA

Zip
30348

Country
USA

4. FEI Number
58-1806192

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
INSURANCE COMMISSIONER

Street Address (P.O. Box Number is Not Acceptable)
CAPITOL BUILDING

City
TALLAHASSEE

FL

Zip Code
32301

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KRAUSE, MICHAEL DAVID 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD NEFF, THOMAS SUMNER 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVT BROOKS, J. THOMAS 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WASHBURNE, MAURICE F. 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAYES, GEORGE HARVEY 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP GOBER, JAMES R. 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered

SIGNATURE: J. J. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Dist. File # _____

CR2E034B (12/01)