


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0623208 AT

DOCUMENT # 811311 ✓

1. Entity Name
ROYAL & SUNALLIANCE PERSONAL INSURANCE COMPANY



FILED

03 JUN 12 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**9300 ARROWPOINT BLVD
CHARLOTTE, NC 28201**

Mailing Address
**9300 ARROWPOINT BLVD
CHARLOTTE, NC 28201
US**

2. Principal Place of Business
430 Park Avenue

3. Mailing Address
11680 Great Oaks Way

Suite, Apt. #, etc.
15th floor **5th floor**

City & State
N.Y.C. York, NY **Alpharetta, GA**

Zip
10022 **30005**

Country
USA **USA**

4. FEI Number **13-3635893**
51-0934766

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA CAPITOL BLDG
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODERICK, TERRY 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP FISHER, JOSEPH 9300 ARROWPOINT BLVD CHARLOTTE NC 28273 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSZENCZUK, ANDREA 2351 NORTH FOREST ROAD GETZVILLE NY 14068-1225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael ELLIOTT Morrill 430 Park Avenue - 15th fl. New York, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Dennis Reding 11680 Great Oaks Way, 5th fl. Alpharetta, GA 30005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/IT Phillip MacCurie 11680 Great Oaks Way, 5th fl. Alpharetta, GA 30005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S Kevin Gerard McLean 430 Park Avenue 15th fl. New York, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrea Duszenczuk* **SVP** **4-30-03** **678.746.9441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)