


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

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827224

1. Corporation Name
ROYAL INSURANCE COMPANY OF AMERICA



Principal Place of Business % ROYAL INSURANCE 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273 US	Mailing Address % ROYAL INSURANCE P. O. BOX 1000 CHARLOTTE NC 28201-8000
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/22/1971	
4. FEI Number 36-2722478	Applied For Not Applicable
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, PHILIP E	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AARON, NEAL C	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MENDELSON, ROBERT V	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joyce W. Wheeler	
1.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
1.4 CITY-ST-ZIP	Charlotte, NC 28273	
2.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph F. Fisher	
2.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
2.4 CITY-ST-ZIP	Charlotte, NC 28273	
3.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry G. Simmons	
3.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
3.4 CITY-ST-ZIP	Charlotte, NC 28273	
4.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul H. Stewman	
4.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
4.4 CITY-ST-ZIP	Charlotte, NC 28273	
5.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lawrence W. Gowen	
5.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
5.4 CITY-ST-ZIP	Charlotte, NC 28273	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sean A. Beatty	
6.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
6.4 CITY-ST-ZIP	Charlotte, NC 28273	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joyce W. Wheeler **REQUIRE** Joyce W. Wheeler, Corporate Secretary 1/18/99 704/522-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)