

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90169 048 ***150.00

DOCUMENT # 827224

1. Entity Name
ROYAL INSURANCE COMPANY OF AMERICA



Principal Place of Business
9300 ARROWPOINT BLVD.
CHARLOTTE NC 28201
US

Mailing Address
9300 ARROWPOINT BLVD.
CHARLOTTE NC 28201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-2722478

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

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSVP	<input type="checkbox"/> Delete
NAME	FISHER, JOSEPH F	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	STEWMAN, PAUL H	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	PC	<input type="checkbox"/> Delete
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	FROHBOESE, ERNEST C	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	VINCI, PETER M	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	WHEELER, JOYCE	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTRETTA, JOSEPH J	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULREADY, STEPHEN M	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	DSVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTRETTA, JOSEPH J	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	VPC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLINO, CATHERINE A	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	DSVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, LAURA S	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	

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: *Anthony F. Carabino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

704-522-3511

Daytime Phone #

CR2E034 (10/02)