

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90024 043 \*\*\*150.00

**DOCUMENT # 846415**

1. Entity Name  
ROYAL INDEMNITY COMPANY



Principal Place of Business  
9300 ARROWPOINT BLVD.  
CHARLOTTE, NC 28273 US

Mailing Address  
9300 ARROWPOINT BLVD.  
MS 1313  
CHARLOTTE, NC 28273 US

40100708



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
13-5358230

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO TIGHE, JOHN 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP BEATTY, SEAN A 9300 ARROWPOINT BLVD CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC DAVENPORT, DAVID M 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS PETTIGREW, LINDA Y 9300 ARROWPOINT BLVD CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP MEEHAN, JAMES F 9300 ARROWPOINT BLVD CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FULLER, GWYN 9300 ARROWPOINT BLVD CHARLOTTE, NC 28273

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06

704 522-3510

Date

Daytime Phone #