

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90197 014 \*\*\*150.00

**DOCUMENT # F00000006591**

1. Entity Name  
**SUNTRUST INSURANCE SERVICES, INC.**



Principal Place of Business  
**303 PEACHTREE STREET NE  
11TH FLOOR  
ATLANTA, GA 30308**

Mailing Address  
**303 PEACHTREE STREET NE  
11TH FLOOR  
ATLANTA, GA 30308**

2. Principal Place of Business  
**303 Peachtree Center Ave.**

3. Mailing Address  
**303 Peachtree Center Ave.**

Suite, Apt. #, etc.  
**Suite 140**

Suite, Apt. #, etc.  
**Suite 140**

03262004

Chg-P

CR2E034 (10/03)

City & State  
**Atlanta, GA**

City & State  
**Atlanta, GA**

4. FEI Number  
**58-2326680**

Applied For  
☐ Not Applicable

Zip  
**30303**

Country  
**US**

Zip  
**30303**

Country  
**US**

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

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

**HOMA-ARTHUR, CATHY  
200 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801**

**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

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  
After May 1, 2004 Fee will be \$550.00**

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	DC KINSEY, MICHAEL A 303 PEACHTREE STREET, 24TH FLOOR ATLANTA, GA 30308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIMSEY, ANN 303 PEACHTREE CENTER AVE., STE. 140 ATLANTA, GA 30308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MCLAUGHLIN, DAVID 303 PEACHTREE STREET, 24TH FLOOR ATLANTA, GA 30308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, WALLACE L 303 PEACHTREE CENTER AVE., N.E., 3RD FLOOR ATLANTA, GA 30308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, EDWARD B JR ONE PARK PLACE NE 3RD FL ATLANTA, GA 30303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELLANI, MEHBOOB 303 PEACHTREE STREET, NE, 5TH FL ATLANTA, GA 30308	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Peter G. Bielan 303 Peachtree Center Ave., Suite 140 Atlanta, GA 30303	<input type="checkbox"/> Change <input checked="" 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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Georgett B. Dickinson 303 Peachtree Street NE, 29th Fl Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Georgett B. Dickinson*  
**Georgett B. Dickinson**

Date

**404-588-8627**

Daytime Phone #

Attachment

54044584

SunTrust Insurance Services, Inc.

#F00000006591

Attachment to 2004 For Profit Corporation Annual Report

Principal Officers

Peter G. Bielan  
President, Chairman of the Board and CEO  
303 Peachtree Center Avenue, Suite 140  
Atlanta, Georgia 30303-1279

Ann T. Kimsey  
Vice President and Compliance Officer  
303 Peachtree Center Avenue, Suite 140  
Atlanta, Georgia 30303-1279

Thomas E. Panther  
Treasurer  
303 Peachtree Street, NE, 8<sup>th</sup> Floor  
Atlanta, Georgia 30308

Georgett B. Dickinson  
Secretary  
303 Peachtree Street, NE, 29<sup>th</sup> Floor  
Atlanta, Georgia 30308

Directors

Peter G. Bielan  
303 Peachtree Center Avenue, Suite 140  
Atlanta, Georgia 30303-1279

William J. Hearn, Jr.  
303 Peachtree Street, NE, 15<sup>th</sup> Floor  
Atlanta, Georgia 30308

William H. Rogers, Jr.  
303 Peachtree Street, NE, 30<sup>th</sup> Floor  
Atlanta, Georgia 30308

Paul C. Field  
303 Peachtree Center Avenue, Suite 300  
Atlanta, Georgia 30303-1280

Howard C. Williams  
303 Peachtree Street, NE, 3<sup>rd</sup> Floor  
Atlanta, Georgia 30308