


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90086 039 ***158.75

DOCUMENT # F01000002538 1. Entity Name PEGASUS INSURANCE COMPANY			
Principal Place of Business 2000 EXECUTIVE WAY SUITE 210 PONTE VEDRA BEACH, FL 32082		Mailing Address 2000 EXECUTIVE WAY SUITE 210 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business One Independence Plaza Ste 520		3. Mailing Address P.O. Box 729	
Suite, Apt. #, etc. Ste 520		Suite, Apt. #, etc. 	
City & State Birmingham, Alabama		City & State Alexander City, AL	
Zip 35209		Zip 35011	
Country US		Country US	
4. FEI Number 13-3352328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORTMAN, JOHN J 200 EXECUTIVE WAY SUITE 210 PONTE VEDRA BEACH, FL 32082		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WORTMAN, J. JOHN 91 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CAHOON, ARTHUR L 1946 RIVER ROAD JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, ROBERT L 1982 RIVER ROAD JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: Nathan Wayne Stark <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/8/05 256-234-6208 <small>Date Daytime Phone #</small>	

ATTACHMENT

40031912

#F01000002538

Pegasus Insurance Company

200 Executive Way, Suite 210
Ponte Vedra Beach, FL 32082
Telephone: 904-285-1747
Fax: 904-285-1827

**DIRECTORS AND OFFICERS OF
PEGASUS INSURANCE COMPANY**

TITLE	C/P/D NATHAN WAYNE STARK 860 AIRPORT DRIVE ALEXANDER CITY, AL 35011
TITLE	V/S/T WANDA C. STARK 860 AIRPORT DRIVE ALEXANDER CITY, AL 35011
TITLE	V BRENDA F. HARRIS ONE INDEPENDENCE PLAZA SUITE 520 BIRMINGHAM, AL 35209
TITLE	AS/D WALLIS S. HAYNES ONE INDEPENDENCE PLAZA SUITE 520 BIRMINGHAM, AL 35209
TITLE	CFO DONALD J. STONER 324 HAMBLEDON WALK ALPHRETTA, GA
TITLE	D JOSEPH H. HILSMAN 1111 BAY AVE. SUITE 400 COLUMBUS, GA 31901

ATTACHMENT

TITLE

D

DAVID A. KOCKER
205 BALTUSROL LANE
PINEHURST, N.C. 28374

40031912

P01000002538

TITLE

D

ANTHONY J. GRIPPA
2101 N.W. CORPORATE BLVD. SUITE 415
BOCA ROTON, FL 33431

TITLE

D

DANIEL R. NICHOLAS
4 HALF MOON EXECUTIVE PARK DRIVE
CLIFTON PARK, N.Y.