


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002538	
1. Entity Name PEGASUS INSURANCE COMPANY	

Principal Place of Business ONE INDEPENDENCE PLAZA SUITE 520 BIRMINGHAM, AL 35209	Mailing Address PO BOX 729 ALEXANDER CITY, AL 35011
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01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3352328	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WORTMAN, JOHN J 200 EXECUTIVE WAY SUITE 210 PONTE VEDRA BEACH, FL 32082

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	CPD STARK, NATHAN W 860 AIRPORT DRIVE ALEXANDER CITY, AL 35011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STARK, WANDA C 860 AIRPORT DRIVE ALEXANDER CITY, AL 35011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, BRENDA F ONE INDEPENDENT PLAZA SUITE 520 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/D HAYNES, WALLIS S ONE INDEPENDENCE PLAZA SUITE 520 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STONER, DONALD J 324 HAMBLEDON WALK ALPHRETTE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILSMAN, JOSEPH 1111 BAY AVE SUITE 400 COLUMBUS, GA 31901

000000398757
02/01/06-80026-002 158.75

**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: N. Wayne Stark **N WAYNE STARK** 1-20-06 256-234-6208 EXT 23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #