

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002538

FILED
Jan 09, 2007
Secretary of State

Entity Name: PEGASUS INSURANCE COMPANY

Current Principal Place of Business:

ONE INDEPENDENCE PLAZA
SUITE 520
BIRMINGHAM, AL 35209

New Principal Place of Business:

Current Mailing Address:

PO BOX 729
ALEXANDER CITY, AL 35011

New Mailing Address:

FEI Number: 13-3352328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTMAN, JOHN J
200 EXECUTIVE WAY
SUITE 210
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: STARK, NATHAN W
Address: 860 AIRPORT DRIVE
City-St-Zip: ALEXANDER CITY, AL 35011

Title: VST () Delete
Name: STARK, WANDA C
Address: 860 AIRPORT DRIVE
City-St-Zip: ALEXANDER CITY, AL 35011

Title: V () Delete
Name: HARRIS, BRENDA F
Address: ONE INDEPENDENT PLAZA SUITE 520
City-St-Zip: BIRMINGHAM, AL 35209

Title: AS/D () Delete
Name: HAYNES, WALLIS S
Address: ONE INDEPENDENCE PLAZA SUITE 520
City-St-Zip: BIRMINGHAM, AL 35209

Title: CFO () Delete
Name: STONER, DONALD J
Address: 324 HAMBLEDON WALK
City-St-Zip: ALPHRETTA, GA

Title: D () Delete
Name: HILSMAN, JOSEPH
Address: 1111 BAY AVE SUITE 400
City-St-Zip: COLUMBUS, GA 31901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN W. STARK

CPD

01/09/2007

Electronic Signature of Signing Officer or Director

Date