
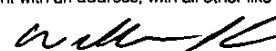


**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

**Z U U T U H U J**

<b>DOCUMENT # F03000005593</b>				03-13-2006 90089 013 ***150.00	
1. Entity Name <b>PATRIOT GENERAL INSURANCE COMPANY</b>					
Principal Place of Business <b>1800 NORTH POINT DRIVE STEVENS POINT, WI 54481</b>		Mailing Address <b>1800 NORTH POINT DRIVE STEVENS POINT, WI 54481</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent <b>FLORIDA COMMISSIONER OF INSURANCE 200 E. GAINES STREET TALLAHASSEE, FL 32399</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 C SCHUH, DALE R 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP CD Schuh, Dale R. 1800 North Point Drive Stevens Point, WI 54481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV FAGAN, JANET L 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT LOHR, WILLIAM J 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS O'REILLY, WILLIAM M 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P CLAWSON, JAMES C 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WEISHAN, JAMES J 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>William J. Lohr, Treasurer</b> 3/7/06 (715) 346-6000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					