FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:16

DOCUMENT # **F94000002096 (5)**

1. Corporation Name
COMMERCIAL CASUALTY INSURANCE COMPANY OF GEORGIA

Principal Place of Business	Mailing Address
160 TECHNOLOGY PARKWAY NORCROSS GA 30092	160 TECHNOLOGY PARKWAY NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: n/a

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 58-1765902 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name: no change
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: n/a
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	CUSTARD, A R	12 NAME		
STREET ADDRESS	160 TECHNOLOGY PKWY	13 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	P T D	☒ Change ☐ Addition
NAME	HAIGH, E N	22 NAME		
STREET ADDRESS	160 TECHNOLOGY PKWY	23 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	V S D	☒ Change ☐ Addition
NAME	CUSTARD, WENDY	32 NAME		
STREET ADDRESS	4875 AVALON RIDGE PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE		☒ Change ☐ Addition
NAME	CUSTARD, CYNTHIA	42 NAME	DELETE CYNTHIA CUSTARD	
STREET ADDRESS	4875 AVALON RIDGE PKWY	43 STREET ADDRESS	AS BOTH OFFICER & DIRECTOR	
CITY-ST-ZIP	NORCROSS GA	44 CITY-ST-ZIP		
TITLE		51 TITLE	V, CASUALTY UNDERWRITING	☐ Change ☒ Addition
NAME		52 NAME	MARK A. MALONE	
STREET ADDRESS		53 STREET ADDRESS	160 TECHNOLOGY PARKWAY	
CITY-ST-ZIP		54 CITY-ST-ZIP	NORCROSS, GA 30092	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	NORMA CUSTARD	
STREET ADDRESS		63 STREET ADDRESS	6141 FOREST HILLS DR.	
CITY-ST-ZIP		64 CITY-ST-ZIP	NORCROSS, GA 30092	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Nimocks Haigh E. NIMOCKS HAIGH, PRESIDENT 404/729-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/2/95 — Daytime Phone #

0300612 FP