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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002096 (5)

1. Corporation Name

COMMERCIAL CASUALTY INSURANCE COMPANY OF GEORGIA



Principal Place of Business

160 TECHNOLOGY PARKWAY
NORCROSS GA 30092

Mailing Address

160 TECHNOLOGY PARKWAY
NORCROSS GA 30092

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

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

NA

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

☐ DELETE

NAME

CUSTARD, A R
160 TECHNOLOGY PKWY
NORCROSS GA

STREET ADDRESS

CITY-STATE-ZIP

TITLE

PTD

☐ DELETE

NAME

HAIGH, E N
160 TECHNOLOGY PKWY
NORCROSS GA

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VSD

☐ DELETE

NAME

CUSTARD, WENDY
4875 AVALON RIDGE PKWY
NORCROSS GA

STREET ADDRESS

CITY-STATE-ZIP

TITLE

V

☐ DELETE

NAME

MALONE, MARK A
160 TECHNOLOGY PARKWAY
NORCROSS GA

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

CUSTARD, NORMA
6141 FOREST HILLS DR.
NORCROSS GA

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

770/729-8101

CR2E034 (12/95)