

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/21/1994	
				4. FEI Number 58-1785902	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	V
NAME	CUSTARD, A R	1.2 NAME	BODE, LOUIS
STREET ADDRESS	160 TECHNOLOGY PKWY	1.3 STREET ADDRESS	160 TECHNOLOGY PKWY
CITY-ST-ZIP	NORCROSS GA	1.4 CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	PTD	2.1 TITLE	V
NAME	HAIGH, E N	2.2 NAME	REED, T. MICHAEL
STREET ADDRESS	160 TECHNOLOGY PKWY	2.3 STREET ADDRESS	160 TECHNOLOGY PARKWAY
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	VSD	3.1 TITLE	V
NAME	CUSTARD, WENDY	3.2 NAME	MOSHER, SCOTT B.
STREET ADDRESS	4875 AVALON RIDGE PKWY	3.3 STREET ADDRESS	160 TECHNOLOGY PKWY
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	V	4.1 TITLE	V
NAME	MALONE, MARK A	4.2 NAME	YEADON, FRANK
STREET ADDRESS	160 TECHNOLOGY PARKWAY	4.3 STREET ADDRESS	160 TECHNOLOGY PKWY
CITY-ST-ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	D	5.1 TITLE	
NAME	CUSTARD, NORMA	5.2 NAME	
STREET ADDRESS	6141 FOREST HILLS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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* President *E. Nimocks* 4/2/98 770/729-8101

CR2E034 (10/97)