

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90120 037 ***150.00

DOCUMENT # F94000002096

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

58-1785902

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CUSTARD, A R	
STREET ADDRESS	160 TECHNOLOGY PKWY	
CITY-ST-ZIP	NORCROSS GA	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HAIGH, E N	
STREET ADDRESS	160 TECHNOLOGY PKWY	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CUSTARD, WENDY	
STREET ADDRESS	4875 AVALON RIDGE PKWY	
CITY-ST-ZIP	NORCROSS GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MALONE, MARK A	
STREET ADDRESS	160 TECHNOLOGY PARKWAY	
CITY-ST-ZIP	NORCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSTARD, NORMA	
STREET ADDRESS	6141 FOREST HILLS DR.	
CITY-ST-ZIP	NORCROSS GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BODE, LOUIS	
STREET ADDRESS	160 TECHNOLOGY PKWY	
CITY-ST-ZIP	NORCROSS GA 30092	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	REED, T. MICHAEL
13 STREET ADDRESS	160 TECHNOLOGY PKWY
14 CITY-ST-ZIP	NORCROSS GA 30092
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MOSHER, SCOTT B
23 STREET ADDRESS	160 TECHNOLOGY PKWY
24 CITY-ST-ZIP	NORCROSS GA 30092
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	YEADON, FRANK
33 STREET ADDRESS	160 TECHNOLOGY PKWY
34 CITY-ST-ZIP	NORCROSS GA 30092
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	ALLEN, WILLIAM B
43 STREET ADDRESS	160 TECHNOLOGY PKWY
44 CITY-ST-ZIP	NORCROSS GA 30092
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	GIESECKE, IRWIN DAVID
53 STREET ADDRESS	160 TECHNOLOGY PKWY
54 CITY-ST-ZIP	NORCROSS GA 30092
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Extime Phone #

CR2E034 (1/98)