

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002096

1. Entity Name

COMMERCIAL CASUALTY INSURANCE COMPANY OF GEORGIA

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90156 008 ***150.00

Principal Place of Business

Mailing Address

~~160 TECHNOLOGY PARKWAY~~
NORCROSS GA 30092

~~160 TECHNOLOGY PARKWAY~~
NORCROSS GA 30092-2911

2. Principal Place of Business

350 RESEARCH CT

3. Mailing Address

350 RESEARCH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State
NORCROSS GA

City & State
NORCROSS GA

Zip
30092

Country
USA

Zip
30092

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1785902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE C
NAME CUSTARD, A R
STREET ADDRESS ~~160 TECHNOLOGY PKWY~~ 350 RESEARCH CT
CITY-ST-ZIP NORCROSS GA 30092

TITLE PTD
NAME HAIGH, E N
STREET ADDRESS ~~160 TECHNOLOGY PKWY~~ 350 RESEARCH CT
CITY-ST-ZIP NORCROSS GA 30092

TITLE VSD
NAME CUSTARD, WENDY
STREET ADDRESS 4875 AVALON RIDGE PKWY
CITY-ST-ZIP NORCROSS GA

TITLE V
NAME MALONE, MARK A
STREET ADDRESS ~~160 TECHNOLOGY PARKWAY~~ 350 RESE
CITY-ST-ZIP NORCROSS GA

TITLE D
NAME CUSTARD, NORMA
STREET ADDRESS 6141 FOREST HILLS DR.
CITY-ST-ZIP NORCROSS GA

TITLE V
NAME BODE, LOUIS
STREET ADDRESS 160 TECHNOLOGY PKWY
CITY-ST-ZIP NORCROSS GA 30092

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME REED, T. MICHAEL
STREET ADDRESS 350 RESEARCH CT, Ste 200
CITY-ST-ZIP NORCROSS GA 30092

TITLE V
NAME MOSHER, SCOTT B
STREET ADDRESS 350 RESEARCH CT, Ste 200
CITY-ST-ZIP NORCROSS GA 30092

TITLE V
NAME ALLEN, WILLIAM B
STREET ADDRESS 350 RESEARCH CT, Ste 200
CITY-ST-ZIP NORCROSS GA 30092

TITLE V
NAME GIESECKE, IRWIN
STREET ADDRESS 350 RESEARCH CT, Ste 200
CITY-ST-ZIP NORCROSS GA 30092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NOTE: ABOVE HAD BEEN
REPORTED ON THE 1999 FILING

13. 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 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 11 or Block 12 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

Daytime Phone #

CR2E034 (9/99)

194 000002092
B6673734

COMMERCIAL CASUALTY INSURANCE COMPANY OF GEORGIA

350 RESEARCH COURT, SUITE 200, NORCROSS, GA 30092

770-729-8101 FAX: 770-729-8209

February 28, 2000

NEW ADDRESS NOTIFICATION

EFFECTIVE IMMEDIATELY, OUR NEW ADDRESSES ARE:

PHYSICAL LOCATION

**350 Research Court, Suite 200
Norcross, Georgia 30092**

MAIL ADDRESS

**Post Office Box 926270
Norcross, Georgia 30010-6270**

OUR TELEPHONE NUMBERS REMAIN THE SAME:

Main Phone: 770-729-8101

Main Fax: 770-729-8209