

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90199 006 ***150.00

DOCUMENT # F94000002096

1. Entity Name
Commercial Casualty Insurance Company of Georgia

C0069745

DO NOT WRITE IN THIS SPACE

Principal Place of Business 350 Research Court Suite 200 Norcross, GA 30092		Mailing Address 350 Research Court Suite 200 Norcross, GA 30092	
2. Principal Place of Business 350 Research Court		3. Mailing Address 350 Research Court	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Norcross, GA		City & State Norcross, GA	
Zip 30092	Country USA	Zip 30092	Country USA
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	
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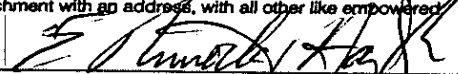
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C ☐ Delete	NAME Custard, A.R.	TITLE V ☐ Change ☐ Addition	NAME Allen, William B.
STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092	STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092
TITLE PTD ☐ Delete	NAME Haigh, E.N.	TITLE V ☐ Change ☐ Addition	NAME Giesecke, Irwin D.
STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092	STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092
TITLE VSD ☐ Delete	NAME Custard, Wendy	TITLE V ☐ Change ☒ Addition	NAME Mathis, William E.
STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092	STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092
TITLE V ☒ Delete	NAME Malone, Mark A	TITLE V ☐ Change ☒ Addition	NAME Rich, David C.
STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092	STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092
TITLE V ☐ Delete	NAME Reed, T.M.	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092	STREET ADDRESS	CITY-ST-ZIP
TITLE V ☐ Delete	NAME Mosher, S.B.	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 350 Research Court, Suite 200	CITY-ST-ZIP Norcross, GA 30092	STREET ADDRESS	CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **04/27/01** **770.729.8101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)