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	Mailing Address
350 Research Court Suite 200 Norcross, GA 30092	350 Research Court Suite 200 Norcross, GA 30092

2. Principal Place of Business	3. Mailing Address
350 Research Court	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	7. Name and Address of New Registered Agent
Insurance Commissioner Capitol Tallahassee, FL 32399-0300	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, 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

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

CR2E034 (11/00)

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: _____ 04/27/01 770.729.8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #