

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 014 ***150.00

050501 AT

DOCUMENT # F94000002096 *NC AM*
1. Entity Name
COMMERCIAL CASUALTY INSURANCE COMPANY OF GEORGIA
NORTH CAROLINA

Principal Place of Business **Mailing Address**
350 RESEARCH CT **350 RESEARCH CT**
STE 200 **STE 200**
NORCROSS GA 30092 **NORCROSS GA 30092**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	CUSTARD, A R	
STREET ADDRESS	350 RESEARCH COURT SUITE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HAIGH, E N	
STREET ADDRESS	350 RESEARCH COURT SUITE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CUSTARD, WENDY	
STREET ADDRESS	350 RESEARCH COURT SUITE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, WILLIAM B	
STREET ADDRESS	350 RESEARCH COURT SUITE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, T. M.	
STREET ADDRESS	350 RESEARCH COURT SUITE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOSHER, S. B.	
STREET ADDRESS	350 RESEARCH COURT SUITE 200	
CITY-ST-ZIP	NORCROSS GA 30092	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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]* **4/10/02** **770.729.8101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)