

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004914

1. Entity Name

DELTA PREMIUM FINANCIAL CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90940 005 \*\*\*150.00

Principal Place of Business

Mailing Address

160 TECHNOLOGY PKWY.  
NORCROSS GA 30092

160 TECHNOLOGY PKWY.  
NORCROSS GA 30092-2911

2. Principal Place of Business

350 Research Court

3. Mailing Address

P.O. Box 926270

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Norcross, GA 30092

City & State

Norcross, GA 30010-6270

Zip

30092

Country

Zip

30010-6270

Country

4. FEI Number

58-2255724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITAL  
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 ☐ Delete

NAME PTD  
STREET ADDRESS HAIGH, E N  
CITY-ST-ZIP 160 TECHNOLOGY PKWY.  
NORCROSS GA 30092

TITLE ☐ Delete

NAME SD  
STREET ADDRESS CUSTARD, WENDY J  
CITY-ST-ZIP 160 TECHNOLOGY PKWY.  
NORCROSS GA 30092

TITLE ☐ Delete

NAME DC  
STREET ADDRESS CUSTARD, A R  
CITY-ST-ZIP 160 TECHNOLOGY PKWY.  
NORCROSS GA 30092

TITLE ☐ Delete

NAME V  
STREET ADDRESS ALLEN, WILLIAM B  
CITY-ST-ZIP 160 TECHNOLOGY PKWY.  
NORCROSS GA 30092

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 350 Research Court, Suite 200  
CITY-ST-ZIP Norcross, GA 30092

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 350 Research Court, Suite 200  
CITY-ST-ZIP Norcross, GA 30092

TITLE ☐ Change ☐ Addition

NAME  
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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)