

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90004 046 ***550.00

DOCUMENT # **F97000003029**

1. Corporation Name

REGENCY INSURANCE COMPANY

Principal Place of Business

3711 LATROBE DR
CHARLOTTE NC 28211

Mailing Address

P.O. BOX 222038
CHARLOTTE NC 28211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

56-1543230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME LANGSTON, JOHN T
STREET ADDRESS 7812 BALTUSROL LANE
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE D, V ☐ Change ☒ Addition
1.2 NAME JAMES SATTERFIELD
1.3 STREET ADDRESS 195 LAKE LOUISE ROAD
1.4 CITY-ST-ZIP ROCK HILL, NY 12775

TITLE VD ☒ DELETE
NAME FOLEY, PETER H
STREET ADDRESS 11 SCARBOROUGH CIRCLE
CITY-ST-ZIP ROCK HILL NY

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME GERALD HARTWICK
2.3 STREET ADDRESS 195 LAKE LOUISE ROAD
2.4 CITY-ST-ZIP ROCK HILL, NY 12775

TITLE S ☐ DELETE
NAME LOUGHLIN, JOSEPH P
STREET ADDRESS 40 OLD SACKETT ROAD
CITY-ST-ZIP ROCK HILL NY

3.1 TITLE S, D ☐ Change ☒ Addition
3.2 NAME LOUGHLIN, JOSEPH P
3.3 STREET ADDRESS 40 OLD SACKETT ROAD
3.4 CITY-ST-ZIP ROCK HILL, NY 12775

TITLE TD ☐ DELETE
NAME MISHLER, MARY HENRY
STREET ADDRESS 195 LAKE LOUISE MARIE ROAD
CITY-ST-ZIP ROCK HILL NY 12775

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME SHIVELY, WILLIAM J
STREET ADDRESS 608 SW 97TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RHULEN, HARRY W.
STREET ADDRESS 195 LAKE LOUISE MARIE ROAD
CITY-ST-ZIP ROCK HILL NY 12775

6.1 TITLE P, D ☐ Change ☒ Addition
6.2 NAME Rhulen, Harry W.
6.3 STREET ADDRESS 195 LAKE LOUISE MARIE ROAD
6.4 CITY-ST-ZIP ROCK HILL NY 12775

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/16/99
Date

914-796-2100
Daytime Phone #

CR2E034 (11/98)