

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

RECEIVED AT

03-14-2002 90028 033 \*\*\*150.00

**DOCUMENT # P13559**

**1. Entity Name**  
**AMERICAN DEPOSIT INSURANCE COMPANY**

**Principal Place of Business**  
**11700 GREAT OAKS WAY**  
**ALPHARETTA GA 30022**

**Mailing Address**  
**P.O. BOX 105091**  
**ATLANTA GA 30348**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 73-0772113		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>INSURANCE COMMISSIONER</b> <b>THE CAPITOL BUILDING</b> <b>TALLAHASSEE FL 32301</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, MICHAEL D.			NAME			
STREET ADDRESS	11700 GREAT OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30022			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEFF, THOMAS S			NAME			
STREET ADDRESS	11700 GREAT OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30022			CITY-ST-ZIP			
TITLE	AVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, J. THOMAS			NAME			
STREET ADDRESS	11700 GREAT OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30022			CITY-ST-ZIP			
TITLE	CEOP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, EDWARD B.			NAME	JAMES R. GOBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11700 GREAT OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30022			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHBURNE, MAURICE F.			NAME			
STREET ADDRESS	11700 GREAT OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30022			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, GEORGE H.			NAME			
STREET ADDRESS	11700 GREAT OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30022			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CFR2E034 (9/01)