

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20707** (6)  
1. Corporation Name  
**ROYAL SPECIAL RISKS INSURANCE COMPANY**

Principal Place of Business <b>9300 ARROWPOINT BLVD. P. O. BOX 1000 CHARLOTTE NC 28201 US</b>	Mailing Address <b>9300 ARROWPOINT BLVD. P. O. BOX 1000 CHARLOTTE NC 28201 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/30/1988</b>	
25		30		4. FEI Number <b>06-1125462</b> Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

9. Name and Address of Current Registered Agent <b>THE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32399</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDELSON, ROBERT V</b>	1.2 NAME	<b>Mendelsohn, Robert V.</b>
STREET ADDRESS	<b>9300 ARROWPOINT BLVD.</b>	1.3 STREET ADDRESS	<b>9300 Arrowpoint Boulevard</b>
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	1.4 CITY - ST - ZIP	<b>Charlotte, NC 28273</b>
TITLE	<b>CS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELER, JOYCE W.</b>	2.2 NAME	<b>Wheeler, Joyce W.</b>
STREET ADDRESS	<b>9300 ARROWPOINT BLVD.</b>	2.3 STREET ADDRESS	<b>9300 Arrowpoint Boulevard</b>
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	2.4 CITY - ST - ZIP	<b>Charlotte, NC 28273</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESTOPINO, FRANK J.</b>	3.2 NAME	
STREET ADDRESS	<b>9300 ARROWPOINT BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSHEY, GERALD B</b>	4.2 NAME	
STREET ADDRESS	<b>9300 ARROWPOINT BLVD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>SEE ATTACHED FOR COMPLETE LISTING OF OFFICERS AND DIRECTORS</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Joyce Wheeler*

4/16/98

CR2E034 (10/97)

**ROYAL SPECIAL RISKS INSURANCE COMPANY**  
**Directors and Officers**  
**As of December 31, 1997**

<b>Title Code:</b>	C
<b>Name:</b>	Robert Victor Mendelsohn
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	D,P
<b>Name:</b>	Terry Broderick
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	D,V
<b>Name:</b>	Joseph F. Fisher
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	D,V
<b>Name:</b>	James F. Noonan
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	D,V
<b>Name:</b>	Larry Gene Simmons
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	D,V
<b>Name:</b>	Paul H. Stewman
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	D,V,S
<b>Name:</b>	Joyce Wethington Wheeler
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	Chief Investment Officer
<b>Name:</b>	James F. Noonan
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	V
<b>Name:</b>	Sean Antony Beatty
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273
<b>Title Code:</b>	V
<b>Name:</b>	Michael James McGinley
<b>Street Address:</b>	9300 Arrowpoint Boulevard
<b>City, State, Zip:</b>	Charlotte, NC 28273

**Title Code:** V  
**Name:** Elizabeth Jane McLaughlin  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** Appointed Actuary  
**Name:** Alan Edward Kaliski  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** Assistant Corporate Secretary  
**Name:** Linda Y. Pettigrew  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273