

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90015 034 \*\*\*150.00

DOCUMENT # P22632  
1. Entity Name  
REGAL INSURANCE COMPANY

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11700 Great Oaks Way  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 105091  
Suite, Apt. #, etc.

City & State  
Alpharetta, GA

City & State  
Atlanta, GA

Zip  
30022

Country  
USA

Zip  
30348

Country  
USA

4. FEI Number  
58-1806192

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
INSURANCE COMMISSIONER

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

City  
TALLAHASSEE

FL

Zip Code  
32301

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | C<br>KRAUSE, MICHAEL DAVID<br>11700 GREAT OAKS WAY<br>ALPHARETTA, GA 30022 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>NEFF, THOMAS SUMNER<br>11700 GREAT OAKS WAY<br>ALPHARETTA, GA 30022 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AVT<br>BROOKS, J. THOMAS<br>11700 GREAT OAKS WAY<br>ALPHARETTA, GA 30022   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>WASHBURNE, MAURICE F.<br>11700 GREAT OAKS WAY<br>ALPHARETTA, GA 30022 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>HAYES, GEORGE HARVEY<br>11700 GREAT OAKS WAY<br>ALPHARETTA, GA 30022  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEOP<br>GOBER, JAMES R.<br>11700 GREAT OAKS WAY<br>ALPHARETTA, GA 30022    | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered

SIGNATURE: J. J. Brooks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Dist. File # \_\_\_\_\_

CR2E034B (12/01)