2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P22632 **DOCUMENT#**

1. Entity Name REGAL INSURANCE COMPANY



Apr 28, 2003 8:00 am Secretary of State

			600 WE 19				
Principal Place of Business 11700 GREAT OAKS WAY ALPHARETTA GA 30022		Mailing Address P.O. BOX 105091 ATLANTA GA 30348					
2. Principal Place of Business		3. Mailing Address				18 118 8 8 4 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4	4. FEI Number 58-1806192	El Number 58-1806192 Applied For Not Applica	
Zip	Country	Zip	Country	5	5. Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent		7	7. Name and Address of New Re	egistered Agent	
INSURANC		Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable)					
CAPITOL E	Building		On doc 7 las			<u>'</u>	
TALLAHAS	SEE FL 32301		7 City	200 9	S. Pine Island Roa		10
			. City	lanta	ation	FL Zip Co2	.ie
	named entity submits this statement ons of registered agent.	for the purpose of changing its	registered office or re James A. B.		_	rida. I am familiar with,	and accept
SIGNATURE _	Signature, types or printed name of registered age	ent and title if applicable. (NOT	Assistant S E: Registered Agent signature			DATE	
Fil	E NOV!!! FEE IS \$150.00						
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department				9. Election Campaign Fina Trust Fund Contribution		00 May Be d to Fees
10.		D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	C	Delete	TITLE			☐ Change	□ Addition
NAME	KRAUSE, MICHAEL DAVID		NAME				
STREET ADDRESS CITY-ST-ZIP	11700 GREAT OAKS WAY ALPHARETTA GA 30022		STREET ADDRESS CITY-ST-ZIP				
TITLE	VSD	🔀 Delete	TITLE	V . P	Sec. nuel J. Simon Great Oaks Lay	Change	Addition
NAME	NEFF, THOMAS SUMNER 11700 GREAT OAKS WAY		NAME STREET ADDRESS	Sam	ruel J. Simon		
STREET ADDRESS CITY-ST-ZIP	ALPHARETTA GA 30022		STREET ADDRESS CITY-ST-ZIP	11700	, Great Daks and	0022	
	AVT	Пъ		MAYE	wregga Gris	☐ Change	☐ Addition
	BROOKS, J. THOMAS	☐ Delete	TITLE NAME			Change	Auditoii
	11700 GREAT OAKS WAY		STREET ADDRESS		•		Ì
	ALPHARETTA GA 30022		CITY-ST-ZIP				
TITLE	V	∑ Delete	TITLE			☐ Change	☐ Addition
NAME	WASHBURNE, MAURICE F.	,	NAME			_ •	•
	11700 GREAT OAKS WAY		STREET ADDRESS			•	l
CITY-ST-ZIP	ALPHARETTA GA 30022		CITY-ST-ZIP				
TITLE	V	K ☐ Delete	TITLE			☐ Change	☐ Addition
	HAYES, GEORGE HARVEY		NAME .				
	11700 GREAT OAKS WAY ALPHARETTA GA 30022		STREET ADDRESS				
· · ·			CITY-ST-ZIP				<u> </u>
	CEOP GOBER, JAMES R	☐ Delete	TITLE			☐ Change	☐ Addition
	11700 GREAT OAKS WAY		NAME STREET ADDRESS				
	ALPHARETTA GA 30022		CITY-ST-ZIP				
	ertify that the information supplied w	ith this filing does not qualify fo		d in Section	on 110 07(3)(i) Florida Statutos I	further certify that the i	nformation
indicated of the core	on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	t is true and accurate and that report	my signature shall hav as required by Chapt	e the sam	ne legal effect as if made under o	eath; that I am an officer	or director