

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91321 008 ***150.00

DOCUMENT # **P22632**



1. Entity Name
REGAL INSURANCE COMPANY

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1806192**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

Name

CT CORPORATION SYSTEM

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James A. Bordonaro
Assistant Secretary

4/18/03

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
C	KRAUSE, MICHAEL DAVID	11700 GREAT OAKS WAY	ALPHARETTA GA 30022	<input checked="" type="checkbox"/>
VSD	NEFF, THOMAS SUMNER	11700 GREAT OAKS WAY	ALPHARETTA GA 30022	<input checked="" type="checkbox"/>
AVT	BROOKS, J. THOMAS	11700 GREAT OAKS WAY	ALPHARETTA GA 30022	<input type="checkbox"/>
V	WASHBURNE, MAURICE F.	11700 GREAT OAKS WAY	ALPHARETTA GA 30022	<input checked="" type="checkbox"/>
V	HAYES, GEORGE HARVEY	11700 GREAT OAKS WAY	ALPHARETTA GA 30022	<input checked="" type="checkbox"/>
CEOP	GOBER, JAMES R	11700 GREAT OAKS WAY	ALPHARETTA GA 30022	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V.P./Sec.	Samuel J. Simon	11700 Great Oaks Way	Alpharetta GA 30022	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)