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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90118 026 ***150.00

DOCUMENT # P22633

1. Corporation Name
WINDSOR INSURANCE COMPANY

Principal Place of Business	Mailing Address
1300 PARKWOOD CIRCLE. SUITE #900 P.O. BOX 105091 ATLANTA GA 30348	1300 PARKWOOD CIRCLE. SUITE #900 P.O. BOX 105091 ATLANTA GA 30348

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/19/1989	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 58-1806189	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	KRAUSE, MICHAEL DAVID		1.2 NAME	Krause, Michael David	
STREET ADDRESS	1300 PARKWOOD CIRCLE		1.3 STREET ADDRESS	1300 Parkwood Circle	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA	
TITLE	AVT	☐ DELETE	2.1 TITLE	CEO & President	☐ Change ☒ Addition
NAME	BROOKS, J. THOMAS		2.2 NAME	Stevens, Edward Booth	
STREET ADDRESS	1300 PARKWOOD CIRCLE		2.3 STREET ADDRESS	1300 Parkwood Circle	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA	
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEFF, THOMAS SUMNER		3.2 NAME		
STREET ADDRESS	1300 PARKWOOD CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WASHBURNE, MAURICE F.		4.2 NAME		
STREET ADDRESS	1300 PARKWOOD CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, GEORGE H.		5.2 NAME		
STREET ADDRESS	1300 PARKWOOD CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034.(11/98)

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, with all other like empowered.

SIGNATURE: J. Thomas Brooks SIGNATURE REQUIRED Thomas Brooks 4-13-99 770-951-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #