2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22633

FILED Apr 06, 2004 Secretary of State

Entity Name: WINDSOR INSURANCE COMPANY				
Current Principal Place of Business:			New Principal Place of Business:	
	EAT OAKS WA TTA, GA 3002			
Current Mailing Address:			New Mailing Address:	
P.O. BOX 105091 ATLANTA, GA 30348				
FEI Number:	58-1806189	FEI Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
POBOX 62 200 E. GAII	ANCIAL OFFI 00 32314-620 NES ST. SSEE, FL 323)		
The above in the State		submits this statement for the purpose of	of changing it	ts registered office or registered agent, or both,
SIGNATUR	RE:			
	Electror	ic Signature of Registered Agent		Date
Election Can	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	AVT () BROOKS, J. TH 11700 GREAT ALPHARETTA,	OAKS WAY	Title: Name: Address: City-St-Zip:	VPT (X) Change () Addition PRESTRIDGE, ROGER H 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209
Title: Name: Address: City-St-Zip:	VPS () SIMON, SAMUE 11700 GREAT ALPHARETTA,	OAKS WAY	Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition SIMON, SAMUEL J 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209
Title: Name: Address: City-St-Zip:	CEOP () GOBER, JAME 11700 GREAT ALPHARETTA,	OAKS WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOBER, JAMES R 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CFO () Change (X) Addition SMITH, ROGER 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CEOP () Change (X) Addition MINER, JOHN R 11700 GREAT OAKS WAY ALPHARETTA, GA 30022
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition KENNEDY, WILLIAM R 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER H. PRESTRIDGE **VPT** 04/06/2004