

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:11

DOCUMENT # P25502 (6)

1. Corporation Name

PEACHTREE CASUALTY INSURANCE COMPANY

Principal Place of Business

2899 ELMWOOD DRIVE
SMYRNA GA 30080

Mailing Address

2899 ELMWOOD DRIVE
SMYRNA GA 30080

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1989

3a. Date of Last Report

01/25/1994

4. FEI Number

58-1548761

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature of person or persons named as registered agent and title of corporation

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

DIAL, WILLIAM A., JR.

STREET ADDRESS

2899 ELMWOOD DR

CITY - ST - ZIP

SMYRNA GA

TITLE

SD

NAME

TEFFT, DONALD E.

STREET ADDRESS

2899 ELMWOOD DR

CITY - ST - ZIP

SMYRNA GA

TITLE

V

NAME

JOHNSTON, MARIANNE

STREET ADDRESS

2899 ELMWOOD DR

CITY - ST - ZIP

SMYRNA GA

TITLE

T

NAME

DIAL, WILLIAM A

STREET ADDRESS

2899 ELMWOOD

CITY - ST - ZIP

SMYRNA GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPE (PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR
William A. Dial, Jr.

126/95 (407) 436-7575