



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90052 020 ***150.00

DOCUMENT # P33145 1. Entity Name REGENT INSURANCE COMPANY					
Principal Place of Business ONE GENERAL DRIVE SUN PRAIRIE, WI 53596			Mailing Address ONE GENERAL DRIVE SUN PRAIRIE, WI 53596		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03282007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 39-6062860	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DC POLLOCK, JOHN R. ONE GENERAL DRIVE SUN PRAIRIE, WI	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD SMITH, ANNE B. ONE GENERAL DRIVE SUN PRAIRIE, WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MCPARTLAND, PETER G ONE GENERAL DR SUN PRAIRIE, WI 53596	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TV SCHANEN, JOHN ROGER ONE GENERAL DRIVE SUN PRAIRIE, WI 53596	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KALINA, RICHARD B ONE GENERAL DRIVE SUN PRAIRIE, WI 53596	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HINSON, LAURA K ONE GENERAL DRIVE SUN PRAIRIE, WI 53596	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Anne B Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/2/07 608 825 5588 <small>Date Daytime Phone #</small>		

ATTACHMENT

40052957
P33145

Regent Insurance Company

10.

Title	V
Name	James D. Blair
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596
Title	V
Name	Paul H. Schulte
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596
Title	V
Name	Kip J. Kobussen
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596
Title	V
Name	Thomas A. Parker
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596
Title	V
Name	Timothy J. Bremer
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596
Title	V
Name	Anthony R. Buschur
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596
Title	V
Name	Roger L. Kaland
Street Address	One General Drive
City-ST-Zip	Sun Prairie, WI 53596