


FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90002 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54066308



DOCUMENT # 812643			
1. Entity Name ATLANTIC INSURANCE COMPANY			
Principal Place of Business 4600 FULLER DR IRVING, TX 75038		Mailing Address 4600 FULLER DR IRVING, TX 75038	
2. Principal Place of Business		3. Mailing Address P.O. Box 131771	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Dallas, TX 75313-1771	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	D <input checked="" type="checkbox"/> Delete	TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTIS, SPRIO K	NAME	MENSE, D. CRAIG
STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR	STREET ADDRESS	ONE STATE STREET PLAZA, 9TH FL
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, KENT W	NAME	EDDY, PAUL H.
STREET ADDRESS	388 GREENWICH STREET 21ST FLOOR	STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	HARTFORD, CT 06183
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	SVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MICHAEL A	NAME	FREY, DANIEL S.
STREET ADDRESS	4600 FULLER DR.	STREET ADDRESS	ONE STATE STREET PLAZA, 9TH FL
CITY-ST-ZIP	IRVING, TX	CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>D. Craig Mense</i>		Date 917-320-4400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



July 15, 2004

Florida Department of State
Division of Corporation
P.O. Box 6198
Tallahassee, FL 32314

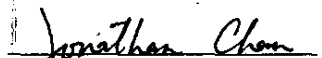
RE: 2004 Annual Report Filing

Dear Sir or Madam:

Enclosed are the 2004 annual report filing fee \$600 (\$150 for each company in our group). Since we did not receive the filing notices sent out to our companies, please waive the \$400 late charge penalty for each company in our group.

Thank you for your attention to this matter. Should you have any questions, you can reach me at 972-650-2888.

Sincerely


Jonathan Chan
Premium Tax Supervisor

attachment

54066308

#812643

Attachment
524066308
#812643



Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

	This information cannot be changed on the report.
Document Number	805821
Business Entity Name	GULF INSURANCE COMPANY
Original File Date	09/25/1944

FEI Number 43-6028696

Principal Address 4600 FULLER DR.
P.O. BOX 1771
IRVING, TX 75038

Mailing Address 4600 FULLER DR.
P.O. BOX 1771
IRVING, TX 75038

Registered Agent CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Officer/Director Name And Address

EVPS
SPIRO K BANTIS
388 GREENWICH ST
NY, NY

SVD
DECARLO, DONALD T.
388 GREENWICH STREET 21SR FLOOR
NEW YORK, NY 100132396

VP
MICHAEL A HARRIS
4600 FULLER DR.
IRVING, TX 35038

SRVP
GEORGE A BIANCARDI
125 BROAD STREET, 8TH FLOOR

Attachment
54066308
~~#812643~~

NEW YORK, NY 10004

VD
KENT W ZIEGLER
388 GREENWICH ST 21ST FL
NY, NY

PCEO
CHRISTOPHER ER WATSON
388 GREENWICH STREET, 21ST FLOOR
NEW YORK, NY 100132396

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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