

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812643

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: ATLANTIC INSURANCE COMPANY

## Current Principal Place of Business:

4600 FULLER DR  
IRVING, TX 75038

## New Principal Place of Business:

4600 FULLER DRIVE  
IRVING, TX 750386506 US

## Current Mailing Address:

P.O. BOX 131771  
DALLAS, TX 753131771

## New Mailing Address:

P.O. BOX 131771  
DALLAS, TX 753131771 US

FEI Number: 75-6013587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: MENSE, D CRAIG  
Address: ONE STATE STREET PLAZQ 9TH FL  
City-St-Zip: NEW YORK, NY 10004

Title: S ( ) Delete  
Name: EDDY, PAUL H  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: SVT ( ) Delete  
Name: FREY, DANIEL S  
Address: ONE STATE STREET PLAZA 9TH FL  
City-St-Zip: NEW YORK, NY 10004

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPO (X) Change ( ) Addition  
Name: EDDY, PAUL H  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: S (X) Change ( ) Addition  
Name: BACKBERG, BRUCE A  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: DTO (X) Change ( ) Addition  
Name: FREY, DANIEL S  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: SVP ( ) Change (X) Addition  
Name: BIANCARDI, GEORGE A  
Address: ONE STATE STREET PLAZA  
City-St-Zip: NEW YORK, NY 10004 US

Title: DSVP ( ) Change (X) Addition  
Name: DOLOWICH, IVAN A  
Address: ONE STATE STREET PLAZA  
City-St-Zip: NEW YORK, NY 10004 US

Title: DSVP ( ) Change (X) Addition  
Name: RIZZO, ELLEN M  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 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: PAUL H. EDDY

DPO

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date