

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840028

1. Entity Name

ATLAS ASSURANCE COMPANY OF AMERICA

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90662 020 ***150.00

061771 AT

Principal Place of Business ATLAS ASSURANCE CO. OF AMERICA 62 MAPLE AVE. KEENE NH 03431 US	Mailing Address ATLAS ASSURANCE CO. OF AMERICA 62 MAPLE AVE. KEENE NH 03431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-2919779	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32301

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIANSEN, MICHAEL R 62 MAPLE AVE KEENE NH 03431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD FIEBRINK, MARK E 62 MAPLE AVE KEENE NH 03431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD TRACEY, JOSEPH 62 MAPLE AVE. KEENE NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JOHNSON, FORREST H 62 MAPLE AVE KEENE NH 03431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEALY, JUSTIN D 62 MAPLE AVE. KEENE NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNDRIK, JAMES P III 62 MAPLE AVE KEENE NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen D Powell Stephen D Powell, AVP-Treasurer 4/5/02 (603) 358-3810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

attachment # 840028/626781

ATLAS ASSURANCE COMPANY OF AMERICA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>
D	Adler, Mady A.	62 Maple Avenue	Keene, NH 03431
D	Allard, Gregory M.	62 Maple Avenue	Keene, NH 03431
PD	Christiansen, Michael R.	62 Maple Avenue	Keene, NH 03431
D	Condryn, J. Paul III	62 Maple Avenue	Keene, NH 03431
D	Fallon, Honore, J.	62 Maple Avenue	Keene, NH 03431
VD	Fiebrink, Mark E.	62 Maple Avenue	Keene, NH 03431
VD	Fontanes, A. Alexander	62 Maple Avenue	Keene, NH 03431
VD	Guymont, Philip J.	62 Maple Avenue	Keene, NH 03431
CD	Jean, Roger L.	62 Maple Avenue	Keene, NH 03431
VD	Johnson, Forrest H.	62 Maple Avenue	Keene, NH 03431
D	Langwell, Dennis J.	62 Maple Avenue	Keene, NH 03431
D	Larkin, Robert X.	62 Maple Avenue	Keene, NH 03431
D	Leddy, Amy J.	62 Maple Avenue	Keene, NH 03431
VD	Leddy, Amy J.	62 Maple Avenue	Keene, NH 03431
D	Mersch, William G.	62 Maple Avenue	Keene, NH 03431
VD	Mersch, William G.	62 Maple Avenue	Keene, NH 03431
VD	Ostrow, Gary J.	62 Maple Avenue	Keene, NH 03431
VT	Powell, Stephen D.	62 Maple Avenue	Keene, NH 03431
VD	Ruzicka, Charles B.	62 Maple Avenue	Keene, NH 03431
VS	Taylor, Jane F.	62 Maple Avenue	Keene, NH 03431