2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90006 041 ***550.00

DOCUMENT # F00000005354

1. Entity Name
ATLANTIC SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
140 BROADWAY NEW YORK, NY 10005	3 GIRALDA FARMS NEW YORK, NY 10005

05042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	One Beacon St Suite, Apt. #, etc.
City & State	City & State: Boston, MA
Zip / Country	Zip: 02108 / Country: USA

4. FEI Number: 13-3362309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SMITH, KERMIT 140 BROADWAY NEW YORK, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CARNASE, ANDREW C. ONE BEACON ST BOSTON, MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HIMMER, ROBERT 140 BROADWAY NEW YORK, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAVOORES, JOHN P. ONE BEACON ST BOSTON, MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAHON, NANCY 140 BROADWAY NEW YORK, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, DENNIS R. ONE BEACON ST BOSTON, MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, JANINE B 3 GIRALDA FARMS MADISON, NJ 07940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WINN, GREGORY P. ONE BEACON ST BOSTON, MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DORFI, KLAUS 140 BROADWAY NEW YORK, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOKEL, CHARLES B. 370 CHURCH ST GUILFORD, CT 06437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. BACOT, CARTER J 140 BROAD WAY NEW YORK, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, MORGAN W. ONE BEACON ST BOSTON, MA 02108	☒ Change ☐ Addition

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: DENNIS R. SMITH 5/11/04 (617)725-7430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment - F00000005354

24075660

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #F00000005354
ATLANTIC SPECIALTY INSURANCE COMPANY

OFFICERS AND DIRECTORS	Change	Addition
V/D ARCHIMEDES, ALEXANDER, C. 131 MORRISTOWN RD BASKING RIDGE, NJ 07920	X	
V/D BENSON, CAREY D. 201 OLD COUNTRY RD MELVILLE, NY 11747	X	
V/D BENSON, TIMOTHY F. 94 NEW KARNER RD ALBANY, NY 12203	X	
V/D GALEAZ, GREGORY R. ONE BEACON ST BOSTON, MA 02108	X	
V/D HOWARD, RICHARD P. 370 CHURCH ST GUILFORD, CT 06437	X	
V/D LERWICK, STUART N. ONE BEACON ST BOSTON, MA 02108	X	
V/D SANDERSON, BRUCE W. 201 NORTH SERVICE RD MELVILLE, NY 11747	X	
V/D SCHMITT, THOMAS N. ONE BEACON ST BOSTON, MA 02108	X	

Attachments F00000005354
24075660

DOCUMENT #F00000005354
ATLANTIC SPECIALTY INSURANCE COMPANY

OFFICERS AND DIRECTORS	Change	Addition
V/D SINGER, ROGER M. ONE BEACON ST BOSTON, MA 02108	X	
V/D TABINSKY, WILLIAM J. ONE BEACON STREET BOSTON, MA 02108	X	