2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005354

1. Entity Name
ATLANTIC SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
140 BROADWAY NEW YORK, NY 10005	ONE BEACON ST BOSTON, MA 02108

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

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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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARNASE, ANDREW C
STREET ADDRESS	ONE BEACON STREET
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	D
NAME	CAVOORES, JOHN P
STREET ADDRESS	ONE BEACON STREET
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	S
NAME	SMITH, DENNIS
STREET ADDRESS	ONE BEACON ST
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	T
NAME	WINN, GREGORY P
STREET ADDRESS	ONE BEACON STREET
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	D
NAME	CHOKEL, CHARLES B
STREET ADDRESS	370 CHURCH STREET
CITY-ST-ZIP	GUILFORD, CT 06437
TITLE	D
NAME	DAVIS, MORGAN W
STREET ADDRESS	ONE BEACON STREET
CITY-ST-ZIP	BOSTON, MA 02108

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03/07/05-80077-016 150.00

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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: DMcA 2/1/05 617-725-7430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #