

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005354

FILED
Jan 13, 2012
Secretary of State

Entity Name: ATLANTIC SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

77 WATER STREET
17TH FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

ONE BEACON LANE
CANTON, MA 02021

New Mailing Address:

150 ROYALL STREET
CANTON, MA 02021

FEI Number: 13-3362309

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 32399 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

OFFICERS AND DIRECTORS:

Title: PD
Name: RICH, BRADFORD W
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: DC
Name: MILLER, TIMOTHY M
Address: 601 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: S
Name: MCCARTHY, VIRGINIA A
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: T
Name: MILLS, TODD C
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: DV
Name: MCDONOUGH, PAUL H
Address: 601 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: VD
Name: HENDERSHOTT, DANA P
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

I hereby 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 all other like empowered.

SIGNATURE: VIRGINIA A. MCCARTHY

S

01/13/2012

Electronic Signature of Signing Officer or Director

Date