SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:50

DOCUMENT # **P03484** **(3)**

1. Corporation Name
ATLANTA SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
711 HIGH STREET DES MOINES IA 50392-0350 US	711 HIGH STREET DES MOINES IA 50392-0350 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1984**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21 3169 Holcomb Bridge Rd.
22 Suite, Apt. #, etc.
23 City & State: Norcross, Ga 30071
24 Zip: 30071 25 Country:

2a. Mailing Address
26 3169 Holcomb Bridge Rd.
27 Suite, Apt. #, etc.
28 City & State: Norcross Ga. 30071
29 Zip: 30071 30 Country: US

4. FEI Number: **42-1019055** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	President ☑ Change ☐ Addition
NAME	CRABTREE, R.S.	12 NAME	Robert L Howe
STREET ADDRESS	711 HIGH ST	13 STREET ADDRESS	3169 Holcomb Bridge Rd
CITY ST ZIP	DES MOINES IA	14 CITY ST ZIP	Norcross, Ga. 30071
TITLE	PD	21 TITLE	V.P and CFO ☑ Change ☐ Addition
NAME	JOHNSON, RONALD CLEVE	22 NAME	Geoffrey R. Barta
STREET ADDRESS	711 HIGH ST	23 STREET ADDRESS	3169 Holcomb Bridge Rd.
CITY ST ZIP	DES MOINES IA	24 CITY ST ZIP	Norcross, Ga. 30071
TITLE	VT	31 TITLE	Treasurer & V.P. ☑ Change ☐ Addition
NAME	WISGERHOF, J.G.	32 NAME	David M. Schaffer
STREET ADDRESS	711 HIGH ST	33 STREET ADDRESS	3169 Holcomb Bridge Rd.
CITY ST ZIP	DES MOINES IA	34 CITY ST ZIP	Norcross, Ga. 30071
TITLE	D	41 TITLE	Vice President ☑ Change ☐ Addition
NAME	DRURY, D. J.	42 NAME	Donald C. Gerdich
STREET ADDRESS	711 HIGH ST	43 STREET ADDRESS	3169 Holcomb Bridge Rd.
CITY ST ZIP	DES MOINES IA	44 CITY ST ZIP	Norcross, Ga. 30071
TITLE	D	51 TITLE	V.P and Asst. Secretary ☑ Change ☐ Addition
NAME	HURD, G D	52 NAME	Robert W. Olson
STREET ADDRESS	711 HIGH ST	53 STREET ADDRESS	3169 Holcomb Bridge Rd.
CITY ST ZIP	DES MOINES IA	54 CITY ST ZIP	Norcross Ga. 30071
TITLE	VS	61 TITLE	Asst. Treasurer ☑ Change ☐ Addition
NAME	HOFFMAN, J.N.	62 NAME	Robert E. Gill
STREET ADDRESS	711 HIGH ST	63 STREET ADDRESS	3169 Holcomb Bridge Rd.
CITY ST ZIP	DES MOINES IA	64 CITY ST ZIP	Norcross, Ga. 30071

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E Gill 6/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181834 FN