

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P03484** (3)

1. Corporation Name

ATLANTA SPECIALTY INSURANCE COMPANY



Principal Place of Business

Mailing Address

**3169 HOLCOMB BRIDGE ROAD
NORCROSS GA 30071
US**

**3169 HOLCOMB BRIDGE ROAD
NORCROSS GA 30071
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24

25

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1984

3a. Date of Last Report

06/21/1995

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

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and then: (delete)

(Delete) Registered Agent Signature, required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LOWE, ROBERT L.**
STREET ADDRESS **3169 HOLCOMB BRIDGE ROAD**
CITY-ST-ZIP **NORCROSS GA**

TITLE **VP** ☐ DELETE
NAME **BANTA, GEOFFREY R.**
STREET ADDRESS **3169 HOLCOMB BRIDGE ROAD**
CITY-ST-ZIP **NORCROSS GA**

TITLE **TVP** ☐ DELETE
NAME **SCHAFER, DAVID M.**
STREET ADDRESS **3169 HOLCOMB BRIDGE ROAD**
CITY-ST-ZIP **NORCROSS GA**

TITLE **VP** ☐ DELETE
NAME **GERDICH, DONALD G.**
STREET ADDRESS **3169 HOLCOMB BRIDGE ROAD**
CITY-ST-ZIP **NORCROSS GA**

TITLE **VPS** ☒ DELETE
NAME **OLSON, ROBERT W.**
STREET ADDRESS **3169 HOLCOMB BRIDGE ROAD**
CITY-ST-ZIP **NORCROSS GA**

TITLE **T** ☐ DELETE
NAME **GILL, ROBERT E.**
STREET ADDRESS **3169 HOLCOMB BRIDGE ROAD**
CITY-ST-ZIP **NORCROSS GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001736546
-03/08/96--01010--006
*****200.00**

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:

David M. Schaffer
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schaffer February 22, 1996 (770) 447-8930

CR2E034 (12/95)