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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 30071-1315 US

3. Date Incorporated or Qualified: **09/25/1984**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / 29:
Country — 25: / 30:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOWE, ROBERT L.	1.2 NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	NORCROSS GA	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BANTA, GEOFFREY R.	2.2 NAME	JOHN P. KIMSEY
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	TVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFFER, DAVID M.	3.2 NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	3.3 STREET ADDRESS	
CITY ST ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GERDICH, DONALD G.	4.2 NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	4.3 STREET ADDRESS	
CITY ST ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GILL, ROBERT E.	5.2 NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	5.3 STREET ADDRESS	
CITY ST ZIP	NORCROSS GA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 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 3/21/97 (770)441-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #