

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90195 021 ***150.00

DOCUMENT # 598861

1. Entity Name
ATLANTIC AMERICAN HOLDINGS, INC.



Principal Place of Business
**188 INVERNESS DR. W.
ENGLEWOOD CO 80112
US**

Mailing Address
**P.O. BOX 5630
DENVER CO 80217
US**

2. Principal Place of Business
1500 MARKET ST.
Suite, Apt. #, etc.

3. Mailing Address
1500 MARKET ST
Suite, Apt. #, etc.

City & State
PHILADELPHIA PA
Zip
19102-2148
Country
USA

City & State
PHILADELPHIA PA
Zip
19102-2148
Country
USA

4. FEI Number **59-1874069**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSEBY, MICHAEL P 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHANK, JOHN L 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHLEYER, WILLIAM T 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DWYER, EDWARD M 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V BAILEY, RICK D 188 INVERNESS DR. W. ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN B. BURKE 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN R. ALCHIN 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAWRENCE S. SMITH 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **STEPHEN BACKSTROM**

4/16/03

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)