FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -7 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 803915 (8)

1. Corporation Name
ATLANTIC MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
3 GIRALDA FARMS MADISON NJ 07940	3 GIRALDA FARMS MADISON NJ 07940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/31/1931	3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-4934590	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304	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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DORF, KLAUS G.	1.2 NAME	
STREET ADDRESS	45 WALL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HAHN, JOHN W	2.2 NAME	
STREET ADDRESS	45 WALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	GORMAN, KENNETH J.	3.2 NAME	
STREET ADDRESS	45 WALL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	Senior Vice-President & Comptroller ☐ Change ☒ Addition
NAME	VON HASSEL, GEORGE A	4.2 NAME	Cornelius E. Golding
STREET ADDRESS	45 WALL ST	4.3 STREET ADDRESS	3 Giralda Farms
CITY-ST-ZIP	NEW YORK, NY 00000	4.4 CITY-ST-ZIP	Madison, NJ 07940
TITLE	DT	5.1 TITLE	Director ☒ Change ☐ Addition
NAME	CHIMINEC, ROMAN	5.2 NAME	
STREET ADDRESS	3 GIRALDA FARMS	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON, NJ 00000	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	☐ Change ☐ Addition
NAME	DECAMINADA, SE, JOSEPH P	6.2 NAME	
STREET ADDRESS	45 WALL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	6.4 CITY-ST-ZIP	

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)(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, added or deleted on an attachment with an address.

SIGNATURE: Roman J. Chimiec Roman Chimiec, Director-Taxes 6/30/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304011 FP