

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **803915** (8)
1. Corporation Name
ATLANTIC MUTUAL INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/31/1931 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 13-4934590 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORFI, KLAUS G | 1.2 NAME | |
| STREET ADDRESS | 100 WALL STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAHN, JOHN W | 2.2 NAME | |
| STREET ADDRESS | 100 WALL STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, KERMIT C | 3.2 NAME | |
| STREET ADDRESS | 100 WALL STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | SVP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDING, CORNELIUS | 4.2 NAME | |
| STREET ADDRESS | 3 GIRALDA FARMS | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADISON NJ | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | VPTC | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BANKS, MICHAEL O | 6.2 NAME | |
| STREET ADDRESS | 3 GIRALDA FARMS | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADISON NJ | 6.4 CITY-ST-ZIP | |

14. 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 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 checked, or on an attachment with an address.

SIGNATURE: *Michael O. Banks* Michael O. Banks, Secretary of State, 4/13/98 (079) 493-4590

CF2E034 (10/97)