

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90017 045 ***150.00

DOCUMENT # 803915

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

3. Date Incorporated or Qualified

10/31/1931

2. Principal Place of Business

21 100 Wall Street

Suite, Apt. #, etc.

22 26th Floor

City & State

23 New York, NY

Zip Country

24 10005

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

13-4934590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐ 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 signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME DORFI, KLAUS G
STREET ADDRESS 100 WALL STREET
CITY-ST-ZIP NEW YORK, NY 00000

TITLE V ☐ DELETE

NAME HAHN, JOHN W
STREET ADDRESS 100 WALL STREET
CITY-ST-ZIP NEW YORK, NY 00000

TITLE PD ☐ DELETE

NAME SMITH, KERMIT C
STREET ADDRESS 100 WALL STREET
CITY-ST-ZIP NEW YORK, NY 00000

TITLE SVP ☐ DELETE

NAME GOLDING, CORNELIUS
STREET ADDRESS 3 GIRALDA FARMS
CITY-ST-ZIP MADISON NJ

TITLE D ☐ DELETE

NAME CHIMINEC, ROMAN
STREET ADDRESS 3 GIRALDA FARMS
CITY-ST-ZIP MADISON, NJ 00000

TITLE VPTC ☐ DELETE

NAME BANKS, MICHAEL O
STREET ADDRESS 3 GIRALDA FARMS
CITY-ST-ZIP MADISON NJ

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roman J. Chiminee

4/1/99

Date

(973) 408-6000

Daytime Phone #

CR2E034 (11/98)