

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90417 003 \*\*\*150.00

**DOCUMENT # 803915**

1. Entity Name  
**ATLANTIC MUTUAL INSURANCE COMPANY**



Principal Place of Business  
**140 BROADWAY  
NEW YORK, NY 10005**

Mailing Address  
**3 GIRALDA FARMS  
MADISON, NJ 07940**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**13-4934590**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	DORFI, KLAUS G	
STREET ADDRESS	100 WALL STREET	
CITY-ST-ZIP	NEW YORK, NY 00000,	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KERMIT C	
STREET ADDRESS	100 WALL STREET	
CITY-ST-ZIP	NEW YORK, NY 00000,	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	GOLDING, CORNELIUS	
STREET ADDRESS	3 GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIMINEC, ROMAN	
STREET ADDRESS	3 GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 00000,	
TITLE	VPTC	<input type="checkbox"/> Delete
NAME	TURNER, JANICE B	
STREET ADDRESS	3 GIRALDA FARMS	
CITY-ST-ZIP	MADISON, NJ 07940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hertling, Richard	
STREET ADDRESS	3 Giraldia Farms	
CITY-ST-ZIP	Madison, NJ 07940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Roman Chiminec*

*Roman Chiminec*

Date

*4/22/04*

Daytime Phone #

*(973) 408-6000*