

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90290 027 ***150.00

DOCUMENT # 803915

1. Entity Name
ATLANTIC MUTUAL INSURANCE COMPANY



Principal Place of Business

**140 BROADWAY
NEW YORK, NY 10005**

Mailing Address

**7 GIRALDA FARMS
120
MADISON, NJ 07940**

2. Principal Place of Business

100 Wall Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

new York, NY

City & State

Zip

10005

Country

Zip

Country

04242006

Chg-P

CR2E034 (11/05)

4. FEI Number

13-4934590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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, 2006 Fee will be \$550.00**

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
**CD
DORFI, KLAUS G
100 WALL STREET
NEW YORK, NY 00000,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
HERTLING, RICHARD
7 GIRALDA FARMS, SUITE 120
MADISON, NJ 07940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
UBER, DAVID
7 GIRALDA FARMS, SUITE 120
MADISON, NJ 07940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTC
TURNER, JANICE B
7 GIRALDA FARMS, SUITE 120
MADISON, NJ 07940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David T. Uber **David T. Uber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

973-488-6048

Daytime Phone #