

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **812443**

1. Corporation Name

Atlantic Insurance Company

Principal Place of Business

*4600 Fuller Drive
Irving, Texas 75038*

Mailing Address

*4600 Fuller Drive
Irving, Texas 75038*

3. Date Incorporated or Qualified

03/19/58

3a. Date of Last Report

04/23/96

4. FEI Number

75-6013587

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Insurance Commissioner
Capitol Bldg.
Tallahassee FL 32301*

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME *D Fadden, Jerome T.*
STREET ADDRESS *65 E 55th St.*
CITY- ST- ZIP *New York NY*

TITLE ☐ DELETE

NAME *VP MESSICK, BILL W.*
STREET ADDRESS *4600 Fuller Dr.*
CITY- ST- ZIP *Irving, Texas*

TITLE ☒ DELETE

NAME *VD AVERS, OSCAR LEE*
STREET ADDRESS *4600 Fuller Drive*
CITY- ST- ZIP *Irving, Texas*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☒ Change ☐ Addition

NAME *D Bantis, Spiro K.*
STREET ADDRESS *388 Greenwich St. 21st Floor*
CITY- ST- ZIP *New York NY*

21. TITLE ☒ Change ☐ Addition

NAME *Sr. VP*

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE ☒ Change ☐ Addition

NAME *VD Ziegler, Kent W.*
STREET ADDRESS *388 Greenwich St. 21st Floor*
CITY- ST- ZIP *New York NY*

41. TITLE ☐ Change ☐ Addition

NAME **50000223025--7**
STREET ADDRESS **-07/08/97--01070--013**
CITY- ST- ZIP *****165.00 ***165.00**

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

14. I do 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.

SIGNATURE:

Wayne R. Zachary, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne R. Zachary, Jr. 6/04/97 (972) 650-2800

Assistant Treasurer

Date: 6/04/97

CR2E034 (9/96)