


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90002 028 \*\*\*150.00

**54066308**

07062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 812643</b>			
1. Entity Name <b>ATLANTIC INSURANCE COMPANY</b>			
Principal Place of Business <b>4600 FULLER DR IRVING, TX 75038</b>		Mailing Address <b>4600 FULLER DR IRVING, TX 75038</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 131771</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Dallas, TX 75313-1771</b>	
Zip	Country	Zip	Country
4. FEL Number <b>75-6013587</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BANTIS, SPRIK 388 GREENWICH STREET, 21ST FLOOR NEW YORK, NY</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO MENSE, D. CRAIG ONE STATE STREET PLAZA, 9TH FL NEW YORK, NY 10004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZIEGLER, KENT W 388 GREENWICH STREET 21ST FLOOR NEW YORK, NY</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EDDY, PAUL H. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARRIS, MICHAEL A 4600 FULLER DR. IRVING, TX</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT FREY, DANIEL S. ONE STATE STREET PLAZA, 9TH FL NEW YORK, NY 10004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>D. Craig Mense</b>		Date <b>917-320-4400</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



July 15, 2004

Florida Department of State  
Division of Corporation  
P.O. Box 6198  
Tallahassee, FL 32314

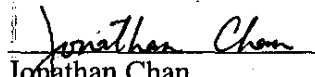
RE: 2004 Annual Report Filing

Dear Sir or Madam:

Enclosed are the 2004 annual report filing fee \$600 (\$150 for each company in our group). Since we did not receive the filing notices sent out to our companies, please waive the \$400 late charge penalty for each company in our group.

Thank you for your attention to this matter. Should you have any questions, you can reach me at 972-650-2888.

Sincerely

  
Jonathan Chan  
Premium Tax Supervisor

attachment

54066308

#812643

Attachment  
524066308  
#812643  
Division of Corporations

## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

	This information cannot be changed on the report.
Document Number	805821
Business Entity Name	GULF INSURANCE COMPANY
Original File Date	09/25/1944

FEI Number 43-6028696

Principal Address 4600 FULLER DR.  
P.O. BOX 1771  
IRVING, TX 75038

Mailing Address 4600 FULLER DR.  
P.O. BOX 1771  
IRVING, TX 75038

Registered Agent CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Officer/Director Name And Address

EVPS  
SPIRO K BANTIS  
388 GREENWICH ST  
NY, NY

SVD  
DECARLO, DONALD T.  
388 GREENWICH STREET 21SR FLOOR  
NEW YORK, NY 100132396

VP  
MICHAEL A HARRIS  
4600 FULLER DR.  
IRVING, TX 35038

SRVP  
GEORGE A BIANCARDI  
125 BROAD STREET, 8TH FLOOR

Attachment  
54066308  
#812643

NEW YORK, NY 10004

VD  
KENT W ZIEGLER  
388 GREENWICH ST 21ST FL  
NY, NY

PCEO  
CHRISTOPHER ER WATSON  
388 GREENWICH STREET, 21ST FLOOR  
NEW YORK, NY 100132396

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

No Changes

If you need to make changes to  
the above information, please  
select:

Make Changes

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