

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 827152

(0)

1. Corporation Name

ATLAS INSURANCE COMPANY



Principal Place of Business

4300 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION KS 66205

Mailing Address

4300 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION KS 66205

3. Date Incorporated or Qualified
12/08/1971

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

44-0156575

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

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

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME JAMES TODD BLACK
STREET ADDRESS 4300 SHAWNEE MISSION PKY
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE PD ☒ DELETE
NAME KOBUSCH, F.W.
STREET ADDRESS 4300 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE C ☒ DELETE
NAME WILKERSON, WILLIAM R
STREET ADDRESS 4300 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE VP ☒ DELETE
NAME COULSON, J. PHILIP
STREET ADDRESS 4300 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE S ☒ DELETE
NAME DUNN, FREDERICK P.
STREET ADDRESS 4300 SHAWNEE MISSION PWY
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE D ☒ DELETE
NAME COULSON, FREDERICK N.
STREET ADDRESS 6221 ROSEWOOD COURT
CITY-ST-ZIP MISSION KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME TONY MALONE
1.3 STREET ADDRESS 1390 MAIN STREET
1.4 CITY-ST-ZIP SARASOTA, FLA. 34236

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME ED HAMMEL
2.3 STREET ADDRESS 1390 MAIN STREET
2.4 CITY-ST-ZIP SARASOTA, FLA. 34236

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME GREG MARKS
3.3 STREET ADDRESS 1390 MAIN STREET
3.4 CITY-ST-ZIP SARASOTA, FLA. 34236

4.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
4.2 NAME BRIAN SHREEKEY
4.3 STREET ADDRESS 1390 MAIN ST.
4.4 CITY-ST-ZIP SARASOTA, FLA. 34236

5.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME STEVE RELE
5.3 STREET ADDRESS 1390 MAIN ST.
5.4 CITY-ST-ZIP SARASOTA, FLA. 34236

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

BRIAN SHREEKEY

4/13/96

(941) 951-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)