FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840028** **(5)**

1. Corporation Name
ATLAS ASSURANCE COMPANY OF AMERICA

Principal Place of Business
600 COLLEGE ROAD EAST
PRINCETON, NJ. 08540
US

Mailing Address
600 COLLEGE ROAD EAST
PRINCETON NJ 08540
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/15/1978**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **13-2919779** ☐ 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 BUILDING
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	HASKOWITZ, HOWARD	1.2 NAME	
STREET ADDRESS	48-07 215TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE HILLS, NY.	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAIOCCO, RICHARD N.	2.2 NAME	
STREET ADDRESS	47 WESTERLY TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY HILL CT	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ROSE MARIE J	3.2 NAME	
STREET ADDRESS	47 EWINGVILLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON NJ	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	YERRILL, VICTOR M.	4.2 NAME	
STREET ADDRESS	2 HILLCREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	BOSCARDIN, W. J	5.2 NAME	
STREET ADDRESS	7 SAYLOR COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CARR, JOHN P.	6.2 NAME	
STREET ADDRESS	1200 ASH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	YARDLEY PA	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)(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: Rose Marie Stevens Rose Marie Stevens 4-17-95 609-275-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478677 FP