

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 840028 (5)

1. Corporation Name  
ATLAS ASSURANCE COMPANY OF AMERICA

Principal Place of Business

Mailing Address

600 COLLEGE ROAD EAST  
PRINCETON, NJ 08540  
US

600 COLLEGE ROAD EAST  
PRINCETON NJ 08540  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1978

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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 ☐ DELETE

NAME VD  
HASKOWITZ, HOWARD  
STREET ADDRESS 48-07 215TH STREET  
CITY-ST-ZIP BAYSIDE HILLS, NY.

TITLE ☐ DELETE

NAME VD  
BALLARD, EUGENE  
STREET ADDRESS 1 CROSS BUCK ROAD  
CITY-ST-ZIP KATONAH NY

TITLE ☐ DELETE

NAME VD  
KUGLER, LESLIE  
STREET ADDRESS 13-1 INTERLAKEN CT  
CITY-ST-ZIP FREEHOLD NU

TITLE ☐ DELETE

NAME D  
YERRILL, VICTOR M.  
STREET ADDRESS 2 HILLCREST DR.  
CITY-ST-ZIP PELHAM MANOR NY

TITLE ☒ DELETE

NAME VD  
BOSCARDIN, W. J  
STREET ADDRESS 7 SAYLOR COURT  
CITY-ST-ZIP PLAINSBORO NJ

TITLE ☐ DELETE

NAME SD  
OROL, ELLIOT  
STREET ADDRESS 200 E 82ND ST #28G  
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V  
Heuer, Brian  
1484 Garrett Dr.  
Wall NJ

14. 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 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

Leslie A. Kugler 04/14/98 (609)275-2651

CR2E034 (10/97)