

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90060 005 ***150.00

DOCUMENT # 840028

1. Corporation Name
ATLAS ASSURANCE COMPANY OF AMERICA



Principal Place of Business

Mailing Address

Atlas Assurance Co. of America
62 Maple Avenue
Keene, NH 03431

Atlas Assurance Co. of America
62 Maple Avenue
Keene, NH 03431

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 the current year Intangible
Personal Property Tax. ☐ 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 BUILDING
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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME KUGLER, LESLIE
STREET ADDRESS 13-1 INTERLAKEN CT
CITY-ST-ZIP FREEHOLD NJ

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SVP TD
3.3 STREET ADDRESS Tracey, Joseph
3.4 CITY-ST-ZIP 62 Maple Avenue
Keene, NH 03431

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME HEUER, BRIAN
STREET ADDRESS 1484 GARRETT DRIVE
CITY-ST-ZIP WALL NJ

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME PCOOD
5.3 STREET ADDRESS Jean, Roger
5.4 CITY-ST-ZIP 62 Maple Avenue
Keene, NH 03431

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

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

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, with all other like empowered.

SIGNATURE *[Signature]* Joseph P. Tracey, SVP Treasurer 603-352-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/99

CR2E034 (11/98)