

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840028

1. Entity Name

ATLAS ASSURANCE COMPANY OF AMERICA

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90051 029 ***150.00

Principal Place of Business

ATLAS ASSURANCE CO. OF AMERICA
62 MAPLE AVE.
KEENE NH 03431
US

Mailing Address

ATLAS ASSURANCE CO. OF AMERICA
62 MAPLE AVE.
KEENE NH 03431-1625
US

UUU44572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2919779

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HASKOWITZ, HOWARD	
STREET ADDRESS	48-07 215TH STREET	
CITY-ST-ZIP	BAYSIDE HILLS, NY.	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BALLARD, EUGENE	
STREET ADDRESS	1 CROSS BUCK ROAD	
CITY-ST-ZIP	KATONAH NY	
TITLE	SVTD	<input type="checkbox"/> Delete
NAME	TRACEY, JOSEPH	
STREET ADDRESS	62 MAPLE AVE.	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YERRILL, VICTOR M.	
STREET ADDRESS	2 HILLCREST DR.	
CITY-ST-ZIP	PELHAM MANOR NY	
TITLE	PCOD	<input type="checkbox"/> Delete
NAME	JEAN, ROGER	
STREET ADDRESS	62 MAPLE AVE.	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OROL, ELLIOT	
STREET ADDRESS	200 E 82ND ST #28G	
CITY-ST-ZIP	NEW YORK NY	

TITLE	President-CEO, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell, Richard T.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	
TITLE	EVP-CFO, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fiebrink, Mark E.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	
TITLE	EVP-CIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fontanes, Anthony A.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	
TITLE	SVP, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Forrest H.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Healy, Justin D.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sweeney, Timothy M.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Justin D. Healy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justin D. Healy, VP

3/9/00

603-352-3221

Date

Daytime Phone #

CR2E034 (9/99)