

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840028

1. Entity Name

ATLAS ASSURANCE COMPANY OF AMERICA

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90046 028 ***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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2919779

Applied For

Not Applicable

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD BELL, RICHARD T 62 MAPLE AVE KEENE NH 03431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD FIEBRINK, MARK E 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD TRACEY, JOSEPH 62 MAPLE AVE. KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JOHNSON, FORREST H 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEALY, JUSTIN D 62 MAPLE AVE. KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, TIMOTHY M 62 MAPLE AVE KEENE NH 03431	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael R Christiansen 62 Maple Ave Keene, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James P Condryn III 62 Maple Ave Keene, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Joseph P Tracey Senior Vice President & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

603-357-9505

Daytime Phone #

CR2E034 (10/00)

Attachment
933773

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ENTITY : ATLAS ASSURANCE COMPANY FO AMERICA

#12 Additions

TITLE	NAME	ADDRESS
CD	Roger L Jean	62 Maple Ave. Keene, NH 03431
VS	Jane F Taylor	62 Maple Ave. Keene, NH 03431
V	Anthony A Fontanes	62 Maple Ave. Keene, NH 03431
VD	Amy J Leddy	62 Maple Ave. Keene, NH 03431
VD	William G Mersch	62 Maple Ave. Keene, NH 03431
VD	Charles B Ruzicka	62 Maple Ave. Keene, NH 03431
V	Gary J Ostrow	62 Maple Ave. Keene, NH 03431
D	Honore J Fallon	62 Maple Ave. Keene, NH 03431
D	Mady A Adler	62 Maple Ave. Keene, NH 03431
D	Gregory M Allard	62 Maple Ave. Keene, NH 03431
D	Robert X Larkin	62 Maple Ave. Keene, NH 03431
D	Dennis J Langwell	62 Maple Ave. Keene, NH 03431