
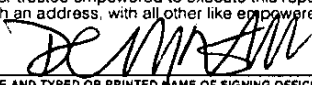


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90118 011 \*\*\*150.00

<b>DOCUMENT # F00000005354</b> 1. Entity Name <b>ATLANTIC SPECIALTY INSURANCE COMPANY</b>					
Principal Place of Business <b>140 BROADWAY NEW YORK, NY 10005</b>			Mailing Address <b>ONE BEACON ST BOSTON, MA 02108</b>		
2. Principal Place of Business <b>100 Wall Street</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>14th Floor</b>		Suite, Apt. #, etc. 			
City & State <b>New York, NY</b>		City & State 		4. FEI Number <b>13-3362309</b>	
Zip <b>10005</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARNASE, ANDREW C <input type="checkbox"/> Delete ONE BEACON STREET BOSTON, MA 02108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAVOORES, JOHN P <input checked="" type="checkbox"/> Delete ONE BEACON STREET BOSTON, MA 02108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC T. Michael Miller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Beacon St. Boston, MA 02108	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, DENNIS <input type="checkbox"/> Delete ONE BEACON ST BOSTON, MA 02108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WINN, GREGORY P <input checked="" type="checkbox"/> Delete ONE BEACON STREET BOSTON, MA 02108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Frederick J. Turcotte <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Beacon St. Boston, MA 02108	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOKEL, CHARLES B <input type="checkbox"/> Delete 370 CHURCH STREET GUILFORD, CT 06437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, MORGAN W <input checked="" type="checkbox"/> Delete ONE BEACON STREET BOSTON, MA 02108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Paul H. McDonough <input type="checkbox"/> Change <input type="checkbox"/> Addition One Beacon St. Boston, MA 02108	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			1/16/06 617-725-6000 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

20002440

## 2006 FOR PROFIT ANNUAL REPORT

### Atlantic Specialty Insurance Company

Officers/Directors – Document #F00000005354

Title	VD
Name	Alexander C. Archimedes
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	D
Name	Mark K. Dorcus
Street Address	370 Church Street
City-St-Zip	Guilford, CT 06437

Title	VD
Name	Thomas L. Forsyth
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	VD
Name	Brian D. Poole
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	VD
Name	Thomas N. Schmitt
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	VD
Name	Roger M. Singer
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	V
Name	Michael J. Daly
Street Address	1500 Spring Garden Street
City-St-Zip	Philadelphia, PA 19130

Title	V
Name	Eugene C. Fazzie
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	V
Name	Dana P. Hendershott
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	V
Name	Michael R. Keane
Street Address	One Constitution Way
City-St-Zip	Foxboro, MA 02035

# ATTACHMENT

20002440  
#700000005354

Title	V
Name	Michael J. McSally
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	V
Name	John M. Meuschke
Street Address	17600 Burnham Ct.
City-St-Zip	Chesterfield, MO 63005
Title	V
Name	Michael F. Natan
Street Address	One Constitution Way
City-St-Zip	Foxboro, MA 02035
Title	V
Name	Donald P. Nibouar
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	V
Name	Kevin J. Rehnberg
Street Address	7760 France Avenue South
City-St-Zip	Bloomington, MN 55435
Title	V
Name	Kathleen M. Taylor
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	VD
Name	Carey D. Benson
Street Address	201 Old Country Road
City-St-Zip	Melville, NY 11747
Title	D
Name	Timothy F. Benson
Street Address	94 New Karner Road
City-St-Zip	Albany, NY 12212
Title	D
Name	Gary E. Black
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	D
Name	Rene S. Hernandez
Street Address	100 Wall Street
City-St-Zip	New York, NY 10005