

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90102 017 ***150.00

DOCUMENT # F00000005354

1. Entity Name
ATLANTIC SPECIALTY INSURANCE COMPANY



60005000

Principal Place of Business
**100 WALL ST
14TH FLOOR
NEW YORK, NY 10005**

Mailing Address
**ONE BEACON ST
BOSTON, MA 02108**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
13-3362309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CARNASE, ANDREW C ONE BEACON STREET BOSTON, MA 02108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC MILLER, T M ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SMITH, DENNIS ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T TURCOTTE, FREDERICK J ONE BEACON STREET BOSTON, MA 02108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHOKEL, CHARLES B 370 CHURCH STREET GUILFORD, CT 06437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV MCDOUGH, PAUL H ONE BEACON STREET BOSTON, MA 02108	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Constitution Way Foxboro, MA 02035</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Beacon Lane Canton, MA 02021</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>V/T</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>McDonough, Paul H</i>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis B. Smith
Dennis B. Smith

DATE

Daytime Phone #

617-725-6000
617-725-6000

ATTACHMENT 60009660
2007 FOR PROFIT ANNUAL REPORT

Atlantic Specialty Insurance Company

Officers/Directors – Document #F00000005354

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

Title	D/V
Name	Timothy F. Benson
Street Address	94 New Karner Rd.
City-St-Zip	Albany, NY 12212

Title	D/V
Name	Gary E. Black
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108

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

Title	D/V/General Counsel
Name	Thomas L. Forsyth
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108

Title	D/V
Name	Rene S. Hernandez
Street Address	100 Wall St.
City-St-Zip	New York, NY 10005

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

Title	D/V/Chief Human Resources Officer
Name	Thomas N. Schmitt
Street Address	One Beacon Lane
City-St-Zip	Canton, MA 02021

ATTACHMENT

6000 9660

Officers/Directors – Document #F00000005354

Title	D/V
Name	Roger M. Singer
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108
Title	D/V
Name	Paul F. DiFrancesco
Street Address	201 Old Country Rd.
City-St-Zip	Melville, NY 11747
Title	V
Name	Eugene C. Fazzie
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108
Title	V/CAO
Name	Dana P. Hendershott
Street Address	One Beacon Lane
City-St-Zip	Canton, MA 02021
Title	V
Name	Michael R. Keane
Street Address	One Constitution Way
City-St-Zip	Foxboro, MA 02035
Title	V
Name	Michael J. McSally
Street Address	22 Tidewater Farm Rd.
City-St-Zip	Greenland, NH 03840
Title	V
Name	John M. Meuschke
Street Address	9031 Wildlife Loop
City-St-Zip	Sarasota, FL 34238
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 Lane
City-St-Zip	Canton, MA 02021

ATTACHMENT

60009660

Officers/Directors – Document #F00000005354

Title	V
Name	Kevin J. Rehnberg
Street Address	601 Carlson Parkway, Suite 700
City-St-Zip	Minnetonka, MN 55305

Title	V
Name	Ann Marie Andrews
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108