

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91321 006 \*\*\*150.00

**DOCUMENT # F02000002842**

**1. Entity Name**  
**ATLANTA RESERVE INSURANCE COMPANY**



**Principal Place of Business**  
**11700 GREAT OAKS WAY**  
**ALPHARETTA GA 30022-2448**

**Mailing Address**  
**PO BOX 105435**  
**ATLANTA GA 30348-5435**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 31-1627506**

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**

**GALLAGHER, TOM**  
**INSURANCE COMMISSIONER**  
**200 EAST GAINES STREET**  
**TALLAHASSEE FL 32399-0300**

**Name CT CORPORATION SYSTEM**

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

**1200 S. Pine Island Road**

**City Plantation**

**FL** **Zip Code 33324**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent 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 signature required when reinstating)

**James A. Bordonaro**  
**Assistant Secretary**

**DATE**

**4/17/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>C</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>KRAUSE, MICHAEL D</b>	
<b>STREET ADDRESS</b>	<b>11700 GREAT OAKS WAY</b>	
<b>CITY-ST-ZIP</b>	<b>ALPHARETTA GA 30022-2448</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GOBER, JAMES R</b>	
<b>STREET ADDRESS</b>	<b>11700 GREAT OAKS WAY</b>	
<b>CITY-ST-ZIP</b>	<b>ALPHARETTA GA 30022-2448</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>JENSEN, KEITH A</b>	
<b>STREET ADDRESS</b>	<b>580 WALNUT STREET</b>	
<b>CITY-ST-ZIP</b>	<b>CINCINNATI OH 45202</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>HORRELL, KAREN HOLLY A</b>	
<b>STREET ADDRESS</b>	<b>580 WALNUT STREET</b>	
<b>CITY-ST-ZIP</b>	<b>CINCINNATI OH 45202</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>FREELAND, THOMAS B III</b>	
<b>STREET ADDRESS</b>	<b>11700 GREAT OAKS WAY</b>	
<b>CITY-ST-ZIP</b>	<b>ALPHARETTA GA 30022-2448</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>WASHBURNE, MAURICE F</b>	
<b>STREET ADDRESS</b>	<b>11700 GREAT OAKS WAY</b>	
<b>CITY-ST-ZIP</b>	<b>ALPHARETTA GA 30022-2448</b>	

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>P, CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>V.P. &amp; Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Samuel J. Simon</b>	
<b>STREET ADDRESS</b>	<b>11700 Great Oaks Way</b>	
<b>CITY-ST-ZIP</b>	<b>Alpharetta, GA 30022</b>	
<b>TITLE</b>	<b>Treasurer &amp; V. P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>J. Thomas Brooks</b>	
<b>STREET ADDRESS</b>	<b>11700 Great Oaks Way</b>	
<b>CITY-ST-ZIP</b>	<b>Alpharetta, GA 30022</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)