

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90114 002 ***150.00

DOCUMENT # F94000000980

1. Entity Name
ATLANTIC CASUALTY INSURANCE COMPANY



Principal Place of Business
**400 COMMERCE COURT
GOLDSBORO, NC 27533 US**

Mailing Address
**PO BOX 8010
GOLDSBORO, NC 27533 US**

60026749



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
56-1382814

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

**CRUIKSHANK, DAVID C
4730 STATE ROAD 64 EAST
BRADENTON, FL 34208**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
STRICKLAND, ROBERT W
133 QUAIL CROFT DR
GOLDSBORO, NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
Lockard, Thomas B
117 Mill Run Place
Goldsboro, NC 27534** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
TILLMAN, MARIANNA S
140 QUAIL CROFT DR
GOLDSBORO, NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
STRICKLAND, ROBERT CHARLES
141 QUAIL CROFT DR
GOLDSBORO, NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
RZEPINSKI, JOHN E
103 WREN PLANCE
GOLDSBORO, NC** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEST, HORACE L
2108 N BERKELEY BLVD
GOLDSBORO, NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REYNOLDS, WILLIAM G
104 ROUNDTREE LANE
GOLDSBORO, NC 27530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Thomas B. Lockard

4/6/06

919-759-3276

Date

Daytime Phone #