


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F94000000980</b> 1. Entity Name <b>ATLANTIC CASUALTY INSURANCE COMPANY</b>	
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Principal Place of Business <b>400 COMMERCE COURT GOLDSBORO, NC 27533 US</b>	Mailing Address <b>PO BOX 8010 GOLDSBORO, NC 27533 US</b>
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-1382814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CRUIKSHANK, DAVID C 4730 STATE ROAD 64 EAST BRADENTON, FL 34208</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000785134</b> <b>01/16/08-80084-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STRICKLAND, ROBERT W 133 QUAIL CROFT DR GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS TILLMAN, MARIANNA S 140 QUAIL CROFT DR GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STRICKLAND, ROBERT CHARLES 141 QUAIL CROFT DR GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LOCKARD, THOMAS B 117 MILL RUN PL GOLDSBORO, NC 27534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEST, HORACE L 2108 N BERKELEY BLVD GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, WILLIAM G 104 ROUNDTREE LANE GOLDSBORO, NC 27530

<b>DO NOT WRITE IN THIS SPACE</b>
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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.
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**SIGNATURE:** Thomas B. Lockard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 919-789-3276  
Date Daytime Phone #