2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000980

Entity Name: ATLANTIC CASUALTY INSURANCE COMPANY

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 COMMERCE COURT 400 COMMERCE COURT GOLDSBORO, NC 27533 US GOLDSBORO, NC 27534 US **Current Mailing Address: New Mailing Address:** PO BOX 8010 GOLDSBORO, NC 27533 US FEI Number: 56-1382814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRUIKSHANK, DAVID C 4730 STATE ROAD 64 EAST BRADENTON, FL 34208 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition STRICKLAND, ROBERT W STRICKLAND, ROBERT W Name: Name: 133 QUAIL CROFT DR PO BOX 8010 Address: Address: GOLDSBORO, NC City-St-Zip: City-St-Zip: GOLDSBORO, NC 275338010 **VDS** Title: Title: () Delete DS (X) Change () Addition Name: TILLMAN, MARIANNA S Name: TILLMAN, MARIANNA S 140 QUAIL CROFT DR PO BOX 8010 Address: Address: GOLDSBORO, NC GOLDSBORO, NC 275338010 City-St-Zip: City-St-Zip: Title: Title: () Delete DV (X) Change () Addition STRICKLAND, ROBERT CHARLES STRICKLAND, ROBERT C Name: Name: 141 QUAIL CROFT DR PO BOX 8010 Address: Address: City-St-Zip: GOLDSBORO, NC City-St-Zip: GOLDSBORO, NC 275338010 Title: CFO () Delete Title: (X) Change () Addition LOCKARD, THOMAS B CUNNINGHAM, JENNIFER M Name: Name: Address: 117 MILL RUN PL Address: PO BOX 8010 City-St-Zip: City-St-Zip: GOLDSBORO, NC 27534 GOLDSBORO, NC 275338010 Title: Title: () Delete (X) Change () Addition BEST, HORACE L Name: BEST, HORACE L Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

2108 N BERKELEY BLVD

GOLDSBORO, NC 27534

REYNOLDS, WILLIAM G

GOLDSBORO, NC 275338010

PO BOX 8010

(X) Change () Addition

SIGNATURE: JENNIFER M CUNNINGHAM CFO 01/07/2009

2108 N BERKELEY BLVD

REYNOLDS, WILLIAM G

104 ROUNDTREE LANE

GOLDSBORO, NC 27530

() Delete

GOLDSBORO, NC

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip: