

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000980

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** ATLANTIC CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

400 COMMERCE COURT  
GOLDSBORO, NC 27534 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8010  
GOLDSBORO, NC 27533 US

**New Mailing Address:**

**FEI Number:** 56-1382814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

**Title:** CD  
**Name:** STRICKLAND, ROBERT W  
**Address:** PO BOX 8010  
**City-St-Zip:** GOLDSBORO, NC 275338010

**Title:** DS  
**Name:** TILLMAN, MARIANNA S  
**Address:** PO BOX 8010  
**City-St-Zip:** GOLDSBORO, NC 275338010

**Title:** DV  
**Name:** STRICKLAND, ROBERT C  
**Address:** PO BOX 8010  
**City-St-Zip:** GOLDSBORO, NC 275338010

**Title:** CFO  
**Name:** WESTFIELD, STEPHEN M  
**Address:** PO BOX 8010  
**City-St-Zip:** GOLDSBORO, NC 275338010

**Title:** D  
**Name:** BEST, HORACE L  
**Address:** 2108 N BERKELEY BLVD  
**City-St-Zip:** GOLDSBORO, NC 27534

**Title:** PD  
**Name:** REYNOLDS, WILLIAM G  
**Address:** PO BOX 8010  
**City-St-Zip:** GOLDSBORO, NC 275338010

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN M WESTFIELD

CFO

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date