

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000980

FILED
Jan 04, 2012
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

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: T
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

T

01/04/2012

Electronic Signature of Signing Officer or Director

Date