

F9500004668

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

500001586685
-09/18/95--01006--001
*****78.75 *****78.75

095-17822

SUBJECT: Atlantic Indemnity Company
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James O. Eason, Jr.
(Name of Person)
Atlantic Indemnity Company
(Firm/Company)
P.O. Drawer 2027, 1107 Parkway Drive
(Address)
Goldsboro, NC 27533-2027
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

James O. Eason, Jr. at (919) 751 - 1520
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 19, 1995

JAMES O. EASON, JR.
% ATLANTIC INDEMNITY COMPANY
P.O. DRAWER 2027
GOLDSBORO, NC 27533-2027

SUBJECT: ATLANTIC INDEMNITY COMPANY
Ref. Number: W95000018800

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We have received your document for ATLANTIC INDEMNITY COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please list the current mailing address on line #7 of application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 595A00042881

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Atlantic Indemnity Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. North Carolina
(State or country under the law of which it is incorporated)

3. 56-1709067
(FEI number, if applicable)

4. 08/23/1990
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. PO DRAWER 2027

GOLDSBORO, NC 27533-2027
(Current mailing address)

8. Private Passenger Automobile Physical Damage Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee

, Florida , 32399-0300
(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Insurance Commissioner
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: .

A. DIRECTORS

Chairman: Robert W. Strickland

Address: 133 Quail Croft Drive

Goldsboro, NC 27534

Director Vice Chairman: Marianna S. Tillman

Address: 140 Quail Croft Drive

Goldsboro, NC 27534

Director: Robert C. Strickland

Address: 141 Quail Croft Drive

Goldsboro, NC 27534

Director: James O. Eason, Jr.

Address: 902 Mill Road

Goldsboro, NC 27543

B. OFFICERS

President: See Attached Addendum

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert W. Strickland
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert W. Strickland, Chairman of the Board, CEO
(Typed or printed name and capacity of person signing application)

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Addendum to Application By Foreign Corporation for Authorization to Transact Business in Florida

12. Names and addresses of officers and/or directors:

A. Directors-Continued

Director:	Horace L. Best
Address:	2108 N. Berkeley Blvd. Apt. K Goldsboro

B. Officers

Chief Executive Officer:	Robert W. Strickland
Address:	133 Quail Croft Drive Goldsboro, NC 27534

President & Chief Operating Officer:	James O. Eason, Jr.
Address:	190 Mill Road Goldsboro, NC 27534

Executive Vice President:	Marianna S. Tillman
Address:	140 Quail Croft Drive Goldsboro, NC 27534

Executive Vice President:	Robert C. Strickland
Address:	141 Quail Croft Drive Goldsboro, NC 27534

Senior Vice President, Chief Financial Officer, and Treasurer:	John E. Rzepinski
Address:	103 Wren Place Goldsboro, NC 27534

Senior Vice President:	Richard C. Yarbrough
Address:	116 Dearborn Drive Goldsboro, NC 27534

Vice President, General Counsel, and Secretary:	Julia T. Neal
Address:	127 Woods Mill Road Goldsboro, NC 27534

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Vice President:
Address:

Marvin L. Quinn
4880 Wayne Memorial Dr.
Goldsboro, NC 27534

Vice President:
Address:

Barry E. LaRue
306 Walnut Creek Drive
Goldsboro, NC 27534

Vice President:
Address:

Kevin N. Grenier
528 Walnut Creek Drive
Goldsboro, NC 27534

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STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

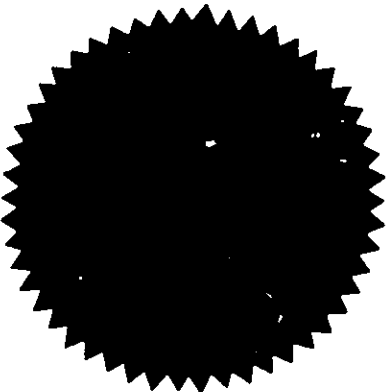
I, **RUFUS L. EDMISTEN**, Secretary of State of the State of North Carolina, do hereby certify that

ATLANTIC INDEMNITY COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of August, 1990, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of August, 1995.



Rufus L. Edmisten

Secretary of State

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