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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004668 (8)**

1. Corporation Name

ATLANTIC INDEMNITY COMPANY

Principal Place of Business	Mailing Address
PO DRAWER 2027 GOLDSBORO NC 27533-2027	PO DRAWER 2027 GOLDSBORO NC 27533-2027

3. Date Incorporated or Qualified: 09/26/1995
3a. Date of Last Report:
4. FEI Number: 56-1709067 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1107 PARKWAY DRIVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GOLDSBORO, NC	City & State 28
Zip / Country 24 27533 25 USA	Zip / Country 29 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing this form)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	EASON JR, JAMES O		12 NAME	EASON, JAMES O, JR.	
STREET ADDRESS	190 MILL ROAD		13 STREET ADDRESS	902 MILL ROAD	
CITY-ST-ZIP	GOLDSBORO NC		14 CITY-ST-ZIP	GOLDSBORO, NC 27534	
TITLE	CD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, ROBERT W		22 NAME		
STREET ADDRESS	133 QUAIL CROFT DR.		23 STREET ADDRESS		
CITY-ST-ZIP	GOLDSBORO NC		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE	VDS	☒ Change ☐ Addition
NAME	TILLMAN, MARIANNA S		32 NAME	TILLMAN, MARIANNA S	
STREET ADDRESS	140 QUAIL CROFT DR		33 STREET ADDRESS	140 QUAIL CROFT DR	
CITY-ST-ZIP	GOLDSBORO NC		34 CITY-ST-ZIP	GOLDSBORO, NC 27534	
TITLE	VT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	RZEPINSKI, JOHN E		42 NAME		
STREET ADDRESS	103 WREN PLACE		43 STREET ADDRESS		
CITY-ST-ZIP	GOLDSBORO NC		44 CITY-ST-ZIP		
TITLE	V	☒ DELETE	51 TITLE	DV	☐ Change ☒ Addition
NAME	YARBROUGH, RICHARD C		52 NAME	STRICKLAND, ROBERT C	
STREET ADDRESS	116 DEERBORN DRIVE		53 STREET ADDRESS	141 QUAIL CROFT DR	
CITY-ST-ZIP	GOLDSBORO NC		54 CITY-ST-ZIP	GOLDSBORO, NC 27534	
TITLE	VS	☒ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME	NEAL, JULIA T		62 NAME	BEST, HORACE L	
STREET ADDRESS	127 WOODS MILL ROAD		63 STREET ADDRESS	2108 N. BERKELEY BLVD	
CITY-ST-ZIP	GOLDSBORO NC		64 CITY-ST-ZIP	GOLDSBORO, NC 27534	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN E. RZEPINSKI — 3-28-96 — (919)751-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #