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FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

1107 PARKWAY DRIVE  
GOLDSBORO NC 27533  
US

Mailing Address

PO DRAWER 2027  
GOLDSBORO NC 27533-2027

3. Date Incorporated or Qualified  
09/26/1995

3a. Date of Last Report  
04/11/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

EASON, JAMES O J

STREET ADDRESS

902 MILL ROAD

CITY-ST-ZIP

GOLDSBORO NC

TITLE

CD

NAME

STRICKLAND, ROBERT W

STREET ADDRESS

133 QUAIL CROFT DR.

CITY-ST-ZIP

GOLDSBORO NC

TITLE

VDS

NAME

TILLMAN, MARIANNA S

STREET ADDRESS

140 QUAIL CROFT DR

CITY-ST-ZIP

GOLDSBORO NC

TITLE

VT

NAME

RZEPINSKI, JOHN E

STREET ADDRESS

103 WREN PLACE

CITY-ST-ZIP

GOLDSBORO NC

TITLE

DV

NAME

STRICKLAND, ROBERT C

STREET ADDRESS

141 QUAIL CROFT DR

CITY-ST-ZIP

GOLDSBORO NC

TITLE

D

NAME

BEST, HORACE L

STREET ADDRESS

2108 N BERKELEY BLVD

CITY-ST-ZIP

GOLDSBORO NC

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

Eason, James O, Jr

1.3 STREET ADDRESS

902 Mill Road

1.4 CITY-ST-ZIP

Goldsboro, NC

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

Strickland, Robert C

141 Quail Croft Drive

Goldsboro, NC

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

919-751-1520

Daytime Phone #

CR2E034 (9/96)