

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90124 023 ***150.00

DOCUMENT # F95000004668

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE
NAME STRICKLAND, ROBERT W
STREET ADDRESS 133 QUAIL CROFT DR.
CITY-ST-ZIP GOLDSBORO NC

TITLE VDS ☒ DELETE
NAME TILLMAN, MARIANNA S
STREET ADDRESS 140 QUAIL CROFT DR
CITY-ST-ZIP GOLDSBORO NC

TITLE VTD ☒ DELETE
NAME RZEPINSKI, JOHN E
STREET ADDRESS 103 WREN PLACE
CITY-ST-ZIP GOLDSBORO NC

TITLE PD ☒ DELETE
NAME STRICKLAND, ROBERT C
STREET ADDRESS 141 QUAIL CROFT DR
CITY-ST-ZIP GOLDSBORO NC

TITLE D ☒ DELETE
NAME BEST, HORACE L
STREET ADDRESS 2108 N BERKELEY BLVD
CITY-ST-ZIP GOLDSBORO NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/President ☐ Change ☒ Addition
1.2 NAME James R. Pouliot
1.3 STREET ADDRESS 9800 South Meridian Blvd.
1.4 CITY-ST-ZIP Englewood, CO. 80112

2.1 TITLE Director/SR VP ☐ Change ☒ Addition
2.2 NAME Michael L. Pautler
2.3 STREET ADDRESS 9 Farm Springs Drive
2.4 CITY-ST-ZIP Farmington, CT 06032

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Judy S. Spitzer
3.3 STREET ADDRESS 9 Farm Springs Drive
3.4 CITY-ST-ZIP Farmington, CT 06032

4.1 TITLE VP Treasurer ☐ Change ☒ Addition
4.2 NAME Craig A. Nyman
4.3 STREET ADDRESS 9 Farm Springs Drive
4.4 CITY-ST-ZIP Farmington, CT 06032

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/99

Date

(303) 754-8400

Daytime Phone #

CR2E034 (11/98)

001070