SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 28 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 # **P96000090081 (6)**

1. Corporation Name
ATLANTIC SPECIALTY LINES OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
4551 COX ROAD GLEN ALLEN VA 23060	4551 COX ROAD GLEN ALLEN VA 23060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9201 Forest Hill Ave.	26 9201 Forest Hill Ave.
22 Suite, Apt. # etc. Suite 202	27 Suite, Apt. # etc. Suite 202
23 City & State Richmond, VA	28 City & State Richmond, VA
24 Zip 23235 25 Country USA	29 Zip 23235 30 Country USA

4. FEI Number: 52-2009024 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIDLEY, FRED S 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA FL 33602	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BRYANT, ROBERT M		1.2 NAME		
STREET ADDRESS	4551 COX ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA 23060		1.4 CITY-ST-ZIP	9201 Forest Hill Av., Suite 202 Richmond, VA 23235	
TITLE	D	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	MARKEL, GARY L		2.2 NAME		
STREET ADDRESS	970 NINTH STREET NORTH, STE 400		2.3 STREET ADDRESS	9201 Forest Hill Av., Suite 202	
CITY-ST-ZIP	ST PETERSBURG FL 33702		2.4 CITY-ST-ZIP	Richmond, VA 23235	
TITLE		☐ DELETE	3.1 TITLE	S/T	☐ Change ☒ Addition
NAME			3.2 NAME	Martin H. Canipe	
STREET ADDRESS			3.3 STREET ADDRESS	9201 Forest Hill Av., Suite 202	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Richmond, VA 23235	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	PC 8-28	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300002280703	
STREET ADDRESS			6.3 STREET ADDRESS	-08/29/97--01014--008	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***550.00	

CR2E034 (4/97)

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: ROBERT M. BRYANT [signature] 8-18-97 804/320-9500