

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 27 AM 9:37
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026443

1. Entity Name
ATLANTIC PREFERRED INSURANCE COMPANY



Principal Place of Business
TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602

Mailing Address
TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

04112007 Chg-P CR2E034 (12/06)



4. FEI Number
59-3498544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 05/04/07--01017--011 **150.00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WURDEMAN, JAMES E 302 KNIGHTS RUN AVE, STE 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM F SR 302 KNIGHTS RUN AVE, STE 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM F JR 302 KNIGHTS RUN AVE, STE 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPO POE, CHARLES E 302 KNIGHTS RUN AVE, STE 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRZESINSKI, THOMAS S 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO MEDER, JAN J 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Special Deputy Receiver Michael J. Svaldi 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Wayne Johnson 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Patti Turpin 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Mary Schwanke 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Robert J. Castellanos 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Allison Ackett 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Svaldi MICHAEL J. SVALDI Receiver 4/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of
ATLANTIC PREFERRED
INSURANCE COMPANY,
A Florida Corporation

CIVIL ACTION NO.: 2006-1083

FLA BAR NO.: 0530107

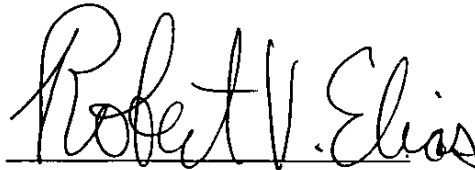
NOTICE REGARDING DEPUTY RECEIVERS

PLEASE TAKE NOTICE:

The State of Florida, Department of Financial Services as court-appointed Receiver of this company, pursuant to the provisions of Chapter 631, Florida Statutes, has designated Patti Turpin, of the Division of Rehabilitation and Liquidation, Mary Schwantes, of the Division of Rehabilitation and Liquidation, Robert J. Castellanos, of the Division of Rehabilitation and Liquidation, Wayne Johnson, of the Division of Rehabilitation and Liquidation and Allyson Puckett, of the Division of Rehabilitation and Liquidation.

Said individuals shall serve as Deputy Receivers until this appointment is revoked by notice filed with this Court. All prior appointments are hereby revoked.

DATED this 1st day of May, 2006.



ROBERT V. ELIAS
ATTORNEY FOR THE RECEIVER
POST OFFICE BOX 110
TALLAHASSEE, FLORIDA 32302
(850) 413-3179
(850) 488-1510 FAX

A Certified Copy
Attest:

Bob Inzer

Clerk Circuit Court
Leon County, Florida

By

