

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 26 AM 11:22

<b>DOCUMENT # P98000026443</b> 1. Entity Name <b>ATLANTIC PREFERRED INSURANCE COMPANY</b>			
Principal Place of Business <b>TWO HARBOUR PLACE 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602</b>		Mailing Address <b>TWO HARBOUR PLACE 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602</b>	
2. Principal Place of Business, - No P.O. Box # <b>2020 Capital Circle SE</b> Suite, Apt. #, etc. <b>Suite 310</b>		3. Mailing Address <b>2020 Capital Circle SE</b> Suite, Apt. #, etc. <b>Suite 310</b>	
City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		City & State <b>Tallahassee, FL</b> Zip <b>32301</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3498544</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDR SVALDI, MICHAEL J 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR JOHNSON, WAYNE 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR TURPIN, PATTI 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR SCHWANTES, MARY 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR CASTELLANOS, ROBERT J 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR PUCKETT, ALLYSON 2020 CAPITAL CIRCLE SE, SUITE 310 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input 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: <u>Patti Turpin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/14/08</u> Daytime Phone #: <u>852.528.8053</u>	



03062008 Chg-P CR2E034 (12/06)

500121324085  
03/26/08--01015--001 \*\*300.00

103

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

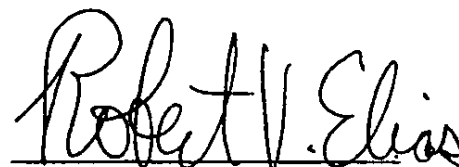
**NOTICE REGARDING DEPUTY RECEIVERS**

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 15<sup>th</sup> 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

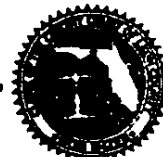
A Certified Copy  
Attest: /

**Bob Inzer**

Clerk Circuit Court  
Leon County, Florida

By 

D.C.





Division of Rehabilitation and Liquidation  
[www.floridainsurancereceiver.org](http://www.floridainsurancereceiver.org)

**CONSENT TO ORDER OF LIQUIDATION**

IT IS HEREBY agreed as follows:

1. Atlantic Preferred Insurance Company (herein "Respondent"), is a Florida corporation and is a domestic insurer authorized to transact an insurance business in the State of Florida.

2. The Respondent was placed into Court Ordered Rehabilitation on May 1, 2006.

3. The Respondent admits that on June 1, 2006, grounds will exist for the appointment of a Receiver under Section 631.061, Florida Statutes (**Grounds for liquidation.**), in that the Respondent does not have (1) capital and surplus that is equal to or greater than the minimum surplus required by Section 624.408, Florida Statutes and (2) adjusted risk-based capital calculated in accordance with Section 624.4085 that is above the mandatory control level risk-based capital as defined in Section 624.4085(1)(c), Florida Statutes.

4. The Respondent admits that it is incapable of paying its liabilities in the normal course of business, should they become due.

5. The Respondent consents to the entry of an Order Appointing the Florida Department of Financial Services, Division of Rehabilitation and Liquidation as Receiver (hereinafter "Receiver") and that the Receiver on June 1, 2006, or any time thereafter may apply to the Court for an Order for Liquidation.

Dated this 12<sup>th</sup> day of MAY, 2006.

ATLANTIC PREFERRED INSURANCE COMPANY

(Corporate seal)

  
Charles E. Poe, President

**JOINT RESOLUTION OF THE PRESIDENT, DIRECTORS AND  
MAJORITY STOCKHOLDERS OF ATLANTIC PREFERRED INSURANCE COMPANY**


The undersigned, being the Directors and Sole Shareholder of Atlantic Preferred Insurance Company (the "Company"), hereby certify that the following excerpt is a true and correct copy of resolutions adopted at a combined meeting of the Directors and Sole Shareholder of the Company:


RESOLVED, that if on June 1, 2006, the Company does not have the minimum surplus required by Section 624.408, Florida Statutes, and adjusted risk-based capital calculated in accordance with Section 624.4085 that is above the company action level risk-based capital as defined in Section 624.4085(1)(c), Florida Statutes, the Board of Directors and Sole Shareholder of the Company consent to the entry of an Order Appointing the Florida Department of Financial Services as Receiver for Liquidation;

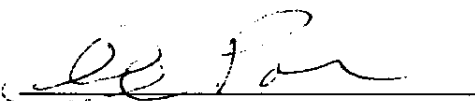
FURTHER RESOLVED, that the President of the Company is hereby authorized to execute any and all consent agreements or other documents on behalf of Atlantic Preferred Insurance Company to obtain entry of an Order for Liquidation and is authorized to take any and all additional actions deemed necessary or appropriate by the Department of Financial Services to effectuate the foregoing or to comply with the Order, without further approval of the Directors and Sole Shareholder.

Dated this 5<sup>th</sup> day of May, 2006.

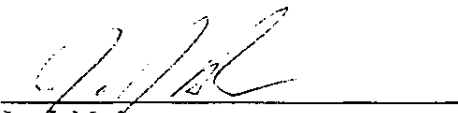
**DIRECTORS OF ATLANTIC PREFERRED INSURANCE COMPANY:**


  
\_\_\_\_\_  
William F. Poe

  
\_\_\_\_\_  
William F. Poe, Jr.

  
\_\_\_\_\_  
Charles E. Poe

  
\_\_\_\_\_  
James E. Wurdeman

  
\_\_\_\_\_  
Jan J. Meder

  
\_\_\_\_\_  
Poe Insurance Holdings, LLC  
Sole Shareholder of Atlantic Preferred  
Insurance Company

**ATTACHMENT A**