

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026443

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** ATLANTIC PREFERRED INSURANCE COMPANY

**Current Principal Place of Business:**

2020 CAPITAL CIRCLE SE  
SUITE 310  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2020 CAPITAL CIRCLE SE  
SUITE 310  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3498544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: JOHNSON, WAYNE  
Address: 2020 CAPITAL CIRCLE SE, SUITE 310  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DR  
Name: TURPIN, PATTI  
Address: 2020 CAPITAL CIRCLE SE, SUITE 310  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DR  
Name: SCHWANTES, MARY  
Address: 2020 CAPITAL CIRCLE SE, SUITE 310  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DR  
Name: PUCKETT, ALLYSON  
Address: 2020 CAPITAL CIRCLE SE, SUITE 310  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATTI TURPIN

DR

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

P9800002644

1-6-11



DEPARTMENT OF FINANCIAL SERVICES

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

January 7, 2011

VIA E-MAIL TO: STONER@DOS.STATE.FL.US

Mr. Sean Toner  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Atlantic Preferred Insurance Company and Southern Family Insurance Company

Dear Mr. Toner:

Pursuant to our conversation, the Florida Department of Financial Services was appointed as Receiver of Southern Family Insurance Company ("SFIC" or "Receiver"), and Atlantic Preferred Insurance Company ("APIC" or "Receiver") for purposes of Liquidation, Injunction, and Notice of Automatic Stay on June 1, 2006. The Receiver has renewed the 2011 Annual Reports for both SFIC and APIC online. Please accept this as notice to waive the filing fees for these entities. Pursuant to Florida Statute Section 631.231, the Florida Department of Financial Services as Receiver is not required to pay recording fees.

To assist you in processing this request, below is the reference information provided on the vouchers:

Southern Family Insurance Company  
Document No.: P96000048677  
Tracking No.: 600190246986

Atlantic Preferred Insurance Company  
Document No.: P98000026443  
Tracking No.: 100190249171

Thank you for your assistance in this matter, and do not hesitate to contact the undersigned should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jody E. Collins".

Jody E. Collins  
Senior Attorney

JEC/mt