

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:50

**DOCUMENT # P03484 (3)**

1. Corporation Name  
**ATLANTA SPECIALTY INSURANCE COMPANY**

Principal Place of Business: **711 HIGH STREET, DES MOINES IA 50392-0350, US**  
Mailing Address: **711 HIGH STREET, DES MOINES IA 50392-0350, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1984**  
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business: **3169 Holcomb Bridge Rd.**  
2a. Mailing Address: **3169 Holcomb Bridge Rd.**

21. Suite, Apt. #, etc.: [Blank]  
26. Suite, Apt. #, etc.: [Blank]

22. City & State: **Norcross, Ga 30071**  
27. City & State: **Norcross Ga. 30071**

23. Zip: **30071**  
24. Country: [Blank]  
28. Zip: **30071**  
29. Country: **US**

4. FEI Number: **42-1019055**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name: [Blank]  
B2 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
B3 [Blank]  
B4 City: [Blank] B5 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>C</b>
NAME	<b>CRABTREE, R.S.</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
TITLE	<b>PD</b>
NAME	<b>JOHNSON, RONALD CLEVE</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
TITLE	<b>VT</b>
NAME	<b>WISGERHOF, J.G.</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
TITLE	<b>D</b>
NAME	<b>DRURY, D. J.</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
TITLE	<b>D</b>
NAME	<b>HURD, G D</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
TITLE	<b>VS</b>
NAME	<b>HOFFMAN, J.N.</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>

11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Robert L. Howe</b>
13 STREET ADDRESS	<b>3169 Holcomb Bridge Rd</b>
14 CITY - ST - ZIP	<b>Norcross, Ga. 30071</b>
21 TITLE	<b>V.P. and CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Geoffrey R. Banta</b>
23 STREET ADDRESS	<b>3169 Holcomb Bridge Rd.</b>
24 CITY - ST - ZIP	<b>Norcross, Ga. 30071</b>
31 TITLE	<b>Treasurer &amp; V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>David M. Schaffer</b>
33 STREET ADDRESS	<b>3169 Holcomb Bridge Rd.</b>
34 CITY - ST - ZIP	<b>Norcross, Ga. 30071</b>
41 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Donald Co. Gerlich</b>
43 STREET ADDRESS	<b>3169 Holcomb Bridge Rd.</b>
44 CITY - ST - ZIP	<b>Norcross, Ga. 30071</b>
51 TITLE	<b>V.P. and Asst. Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Robert W. Olson</b>
53 STREET ADDRESS	<b>3169 Holcomb Bridge Rd.</b>
54 CITY - ST - ZIP	<b>Norcross, Ga. 30071</b>
61 TITLE	<b>Asst. Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Robert E. Crill</b>
63 STREET ADDRESS	<b>3169 Holcomb Bridge Rd.</b>
64 CITY - ST - ZIP	<b>Norcross, Ga. 30071</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 E. Crill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95  
(Date)

CR2E034 (3/95)