

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P03484** (3)

1. Corporation Name

ATLANTA SPECIALTY INSURANCE COMPANY



Principal Place of Business: 3169 HOLCOMB BRIDGE ROAD, NORCROSS GA 30071, US
Mailing Address: 3169 HOLCOMB BRIDGE ROAD, NORCROSS GA 30071, US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date incorporated or Qualified	3a. Date of Last Report
09/25/1984	06/21/1995
4. FEI Number	Applied For
42-1019055	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 requires witness)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, ROBERT L.	12. NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	13. STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	14. CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTA, GEOFFREY R.	22. NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	23. STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	24. CITY - ST - ZIP	
TITLE	TVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, DAVID M.	32. NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	33. STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	34. CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERDICH, DONALD G.	42. NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	43. STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	44. CITY - ST - ZIP	
TITLE	VPS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, ROBERT W.	52. NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	53. STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	54. CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, ROBERT E.	62. NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD	63. STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	64. CITY - ST - ZIP	

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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: *David M. Schaffer* David M. Schaffer February 22, 1996 (770) 447-8930
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Handwritten initials and date: *DAV 3-2-96*