

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 033 ***150.00

DOCUMENT # P03484
1. Entity Name
ATLANTA SPECIALTY INSURANCE COMPANY

425519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11700 GREAT OAKS WAY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 105435
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ALPHARETTA GA** City & State **ATLANTA GA**

4. FEI Number **42-1019055** Applied For
Not Applicable

Zip **30022** Country **USA** Zip **30348** Country **USA**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **FLORIDA INSURANCE COMMISSIONER**
Street Address (P.O. Box Number is Not Acceptable)
THE CAPITOL BUILDING
City **TALLAHASSEE FL** Zip Code **32301**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	GOBER, JAMES R.	NAME	
STREET ADDRESS	11700 GREAT OAKS WAY	STREET ADDRESS	
CITY - ST - ZIP	ALPHARETTA GA 30022	CITY - ST - ZIP	
TITLE	Secretary	TITLE	
NAME	WASHBURNE, MAURICE F.	NAME	
STREET ADDRESS	11700 GREAT OAKS WAY	STREET ADDRESS	
CITY - ST - ZIP	ALPHARETTA GA 30022	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	BROOKS, J. THOMAS	NAME	
STREET ADDRESS	11700 GREAT OAKS WAY	STREET ADDRESS	
CITY - ST - ZIP	ALPHARETTA GA 30022	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. J. Brooks* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Day/Time/Printing # _____

CR2E034B (12/01)