

1.) CORPORATION NAME:

ATLANTIC SPECIALTY INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **10/31/2011**

SCC ID NO: **F1446170**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROYALL STREET

CITY/ST/ZIP: CANTON, MA 02021-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN J WHALIN
TITLE: DIRECTOR
ADDRESS: 201 OLD COUNTRY ROAD
CITY/ST/ZIP/CO: MELVILLE, NY 11797-

OFFICER DIRECTOR

NAME: ALEX C ARCHIMEDES
TITLE: SR VP
ADDRESS: 44 WHIPPANY ROAD
CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960-

OFFICER DIRECTOR

NAME: BRADFORD W RICH
TITLE: PRESIDENT/GC
ADDRESS: 150 ROYALL STREET
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER DIRECTOR

NAME: JOAN K GEDDES
TITLE: ASST SECRETARY
ADDRESS: 150 ROYALL STREET
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER DIRECTOR

NAME: DANA P HENDERSHOTT
TITLE: SR VP/CAO
ADDRESS: 150 ROYALL STREET
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE FREEDMAN DIRECTOR 150 ROYALL STREET CANTON, MA 02021-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GALLAGHER DIRECTOR 77 WATER ST. 17TH FL. NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSETTE KIEL SR VP/CUO 8000 IH 10 WEST STE 1045 SAN ANTONIO, TX 78230-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL MCDONOUGH SR VP/CFO 601 CARLSON PKWY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY MICHAEL MILLER CHAIRMAN 601 CARLSON PKWY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN POOLE SR VP/C ACTUARY 601 CARLSON PKWY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS SCHMITT SR VP/ C HR 601 CARLSON PKWY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLORIA WERLE DIRECTOR 201 OLD COUNTRY RD MELVILLE, NY 11797-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS SMITH SECRETARY 150 ROYALL STREET CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	TODD MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DENNIS SMITH</u>	<u>DENNIS SMITH, SECRETARY</u>	<u>9/9/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.