

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212534670

1.) CORPORATION NAME:

ATLANTIC SPECIALTY INSURANCE COMPANY

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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: 601 Carlson Parkway
Suite 600

CITY/ST/ZIP: Minnetonka, MN 55305

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:	BRADFORD W RICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	DANA P HENDERSHOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	JOSETTE D KIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CUO		
ADDRESS:	8000 IH 10 WEST STE 1045		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230		

NAME:	PAUL H MCDONOUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	601 CARLSON PKWY STE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME:	BRIAN D POOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/C ACTUARY		
ADDRESS:	601 CARLSON PKWY STE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME:	THOMAS N SCHMITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/ C HR		
ADDRESS:	601 CARLSON PKWY STE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD C MILLS VP/TREASURER 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN K GEDDES ASST SECRETARY 150 ROYALL STREET CANTON, MA 02021	<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:	JANE E 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 C 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:	SEAN W DUFFY SR VP/C CLAIMS 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE E O'DONOVAN DIRECTOR 77 WATER STREET 17TH FL. NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN A PHILLIPS SR VP/GC 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY A. RECANATINI DIRECTOR 77 WATER STREET 17TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W MCCLINTOCK SR VP/CIO 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C TREACY SR VP 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA A MCCARTHY SECRETARY 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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.			
/s/ VIRGINIA AMCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA AMCCARTHY, PRINTED NAME AND CORPORATE TITLE	9/10/2012 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.			