### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

**1999** 



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# **FILED** Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90085 015 \*\*\*150.00

## DOCUMENT # 804418

ASSOCIATED INDEMNITY CORPORATION

Principal Place of Business Mailing Address						i i <b>bala</b> t ibnia ballı dibis dibol alı	ART INIT NEGIT N	<u> </u>	
777 SAN MARIN DR -		777 SAN MARIN DR							
	ETARY'S OFFICE	% CORP SECRETARY'S OFFI	CORP SECRETARY'S OFFICE			DO NOT WRITE IN THIS SPACE			
NOVATO CA 94998 NOVATO CA 94998					-	3. Date Incorporated or Qualifed	E IN THIS	SPACE	
						06/24/1935			
2. Principal Pl	ace of Business	2a. Mailing Address	•		Î	4. FEI Number		Ap	plied For
21 26						22-1708002		<del></del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
22		27						Fee Re	
City & State	•	City & State	<del>  </del>			6. Election Campaign Financing		\$5.00 Added to	, ,
28     28			Country			Trust Fund Contribution	ont voor let		01692
Zip	Country	— · —	_	,		<ol><li>This corporation owes the curr Personal Property Tax.</li></ol>	ant year inc	X Yes	□No
24	25 Surran	29 31	<u> </u>			10. Name and Address of New F	Registered		
	9. Name and Address of Curren	t Registered Agent	8	Name		IV. Hame and real costs.			
INSURANCE COMMISSIONER			Ľ	1					
CAPITOL BUILDING			82	2 Street	et Addres	s (P.O. Box Number is Not Accepta	ıble)		
TALL		8:	3		A distance of				
			. 8	4 City				85 Zip (	Code
<u> </u>				' '			<u>FL</u>	<u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	nonzea b	y tne corp	ed corpora rporation	ation submits this statement for the s board of directors. I hereby accep	purpose of at the appoin	changing its ntment as re	gistered
	n ramiliar with, and accept the obligat	ions of, Section 607.0303, Florid	a Glatate	J.					
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Ri	egistered Ag	ent signature	re required w	hen reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	AS	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	JANET M. HOLLAND		1.2 NAME						
STREET ADDRESS	777 SAN MARIN DRIVE		1.3 STRE	ET ADDRESS	ss				
CITY-ST-ZIP	NOVATO CA 94998		1.4 CITY-ST-ZIP						
TITLE	D	D DELETE 2.11						Change	☐ Addition
NAME	· BLACK, GARY E.		2.2 NAME						
STREET ADDRESS	777 SAN MARIN DRIVE		2.3 STRE	ET ADDRESS	ss				
CITY-ST-ZIP	NOVATO CA 2.4		2. 4 CITY	ST-ZIP					
TITLE	SV DELETE 3.11		3.1 TITLE					Change	☐ Addition
NAME	KLOENHAMER, JANET S		3.2 NAME	:					
STREET ADDRESS	777 SAN MARIN DR		3.3 STRE	ET ADDRESS	ss				
CITY-ST-ZIP	NOVATO CA 94998	-	3.4. CITY	ST-ZIP					
TITLE			4.1 TITLE					☐ Change	☐ Addition
NAME	MARSH, HAROLD, N, III		4, 2 NAM	E					
STREET ADDRESS	777 SAN MARIN DRIVE		4.3 STRE	ET ADDRESS	ss	•			
CITY-ST-ZIP	NOVATO CA		4,4 CITY-						
TITLE	DCFO	DELETE 5.1			1			☐ Change	Addition
NAME	POST, JEFFREY H		5.2 NAME	:					
STREET ADDRESS	777 SAN MARIN DRIVE		5.3 STRE	ET ADDRESS	ss				
CITY-ST-ZIP	NOVATO CA		5.4 CTY-	ST-ZIP					
TITLE			6.1 TITLE					Change	Addition
NAME	WARREN RICHARD G		6.2 NAME	į					

CITY-ST-ZIP 14. 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 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

777 SAN MARIN DRIVE

**NOVATO CA** 

03/31/99

(415) 899-2000

2953-11-90082-12

### ASSOCIATED INDEMNITY CORPORATION (Subsidiary of American Automobile Insurance Company)

PURPOSE: To engage in the insurance business.

### DIRECTORS

Gary E. Black Herbert F. Hansmeyer David R. Pollard Jeffrey H. Post Thomas E. Rowe Joe L. Stinnette, Jr.

### ELECTED OFFICERS

Herbert F. Hansmeyer Joe L. Stinnette, Jr.

David R. Pollard Jeffrey H. Post

Thomas E. Rowe Harold N. Marsh, III

Janet S. Kloenhamer

Richard G. Warren

Chairman of the Board
President and
Chief Executive Officer
Executive Vice President
Executive Vice President,
Chief Financial Officer
and Actuary
Executive Vice President
Senior Vice President and
Treasurer
Senior Vice President,
General Counsel &
Corporate Secretary
Senior Vice President and
Controller

### APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Business address: All of the above are located at 777 San Marin Drive, Novato, CA 94998 unless noted

Home office address: 777 San Marin Drive Novato, CA 94998