10%

TALLAMASSEE FL								ı
			City			FL Zip C	ode	1
8. The above	named entity submits this statement for the	e purpose of changing its reg	gistered office or	registered age	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and ti	tte if applicable (NOTE: Re	egistered Agent signatur	e required when rei	instating\ D4			
	Signature, typed or printed frame or registered agent and to	tie ii applicable. (4012.70		B required when re-	T -			┨
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State				i.00 May Be ded to Fees		
11.	OFFICERS AND DIR	ECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANET M. HOLLAND 777 SAN MARIN DRIVE NOVATO CA 94998	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeanne	ette Y. Wong	∑ Chang	ge 🗌 Addition	00.07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, GARY E. 777 SAN MARIN DRIVE NOVATO CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		9000032 -05/03/0 ****150	□ Chang 3 63 ≥ 0-01063 00 ***	ge Addition	֭֭֚֓֞֞֜֜֜֟֜֟֝֟֟֓֓֓֓֟֟֜֟֟ ֓֓֓֓֓֓֓֓֓֓֓֓֞֞֓֓֓֓֓֓֞֓֓֓֓֓֓֓֓֓֓
TITLE NAME STREET ADDRESS PITY-ST-ZIP	SV KLOENHAMER, JANET S 777 SAN MARIN DR NOVATO CA 94998	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Chang	e Adellion	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARSH, HAROLD, N, III 777 SAN MARIN DRIVE NOVATO CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	□ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO POST, JEFFREY H 777 SAN MARIN DRIVE NOVATO CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WARREN, RICHARD G 777 SAN MARIN DRIVE NOVATO CA	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge · [] Addition	
indicated of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee expower, or on an attachment with an address, with	e and accurate and that my street to execute this report as all other like empowered.	signature shall ha required by Char	ive the same i oter 607, Florid	egal effect as it made under oath; the da Statutes; and that my name appea	at Lam an offic	cer or director 1 or Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415-899-2000

CXY

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

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

APPOINTED OFFICERS

Jeannette Y. Wong

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