

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90093 037 ***150.00

DOCUMENT # 804418
1. Entity Name
ASSOCIATED INDEMNITY CORPORATION

Principal Place of Business **Mailing Address**
777 SAN MARIN DR **777 SAN MARIN DR**
% CORP SECRETARY'S OFFICE **% CORP SECRETARY'S OFFICE**
NOVATO CA 94998 **NOVATO CA 94998**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **22-1708002** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
NAME **WONG, JEANNETTE Y.**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA 94998**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BLACK, GARY E.**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SV** ☐ Delete
NAME **KLOENHAMER, JANET S**
STREET ADDRESS **777 SAN MARIN DR**
CITY-ST-ZIP **NOVATO CA 94998**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **MARSH, HAROLD, N, III**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

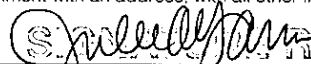
TITLE **DPCE** ☐ Delete
NAME **POST, JEFFREY H**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Julie A. Garrison**
STREET ADDRESS **777 San Marin Drive**
CITY-ST-ZIP **Novato CA 94998**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julie A. Garrison

03/13/02 (415) 899-2000

Date Daytime Phone #

CR2E034 (9/01)

Attachment# 804415/011814

ASSOCIATED INDEMNITY CORPORATION
(Subsidiary of American Automobile Insurance Company)

PURPOSE: To engage in the insurance business.

DIRECTORS

Peter Huehne
Janet S. Kloenhamer
H. David Lundgren

Harold N. Marsh, III
Jeffrey H. Post
Alastair C. Shore

ELECTED OFFICERS

Jeffrey H. Post

Chairman of the Board, President
and Chief Executive Officer

Peter Huehne

Executive Vice President

Janet S. Kloenhamer

and Chief Financial Officer

Harold N. Marsh, III

Senior Vice President, General
Counsel & Corporate Secretary

Senior Vice President and
Treasurer

APPOINTED OFFICERS

Julie A. Garrison

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