## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 811199**

1. Entity Name

## AMERICAN FIRE AND INDEMNITY COMPANY

## FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90174 010 \*\*\*150.00

Principal Place of Business 2115 WINNIE P. O. BOX 1259 GALVESTON TX 77550			Mailing Address									
			2115 WINNIE P. O. BOX 1259 GALVESTON TX 77550-2033				t nám nái tái ái		0.3.0	7.3	() B(B)) (35)	
2. Principal P	lace of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE					
City & State	e		City & State			4.	4. FEI Number 74-6045664			Applied For Not Applicable		
Zip		Country	Zip Country			5.	5. Certificate of Status Desired  \$8.75 Addition Fee Required			ditional		
	6. Name	and Address of Current R	gistered Agent			7.	7. Name and Address of New Registered Agent					
					Name							
THOMAS, DAVE 4112 PINAR DR					Street Address (P.O. Box Number is Not Acceptable)							
	DENTON FL	. 33507										
					City				FL	FL Zip Code		
		or printed name of registered agent an	1			ure required when r			DATE			
<ol> <li>This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)</li> </ol>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			550.00	1	on Campaign Finar Fund Contribution.	ncing		O May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.		Αl	DDITIONS/CH	ANGES TO OFFIC	ERS AND [	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	2115 WIN		□ Delete		E Et address	Senior V:	ice Presid	lent & Direct	por	☐ Change	☐ Addition	
CITY-ST-ZIP		ON TX 77550		CITY-	-ST-ZIP							Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2115 WIN	IIN, EUGENE NIE ON TX 77550				John Soo 118 Seco	hairman and Director ohn Scott McIntyre, Jr. 18 Second Avenue SE edar Rapids, Iowa 52407			☐ Change	Addition	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTC APGAR, PHILLIP E 2115 WINNIE GALVESTON TX 77550					President and Director John Arthur Rife 118 Second Avenue SE Oedar Rapids, Jowa 52407.		1	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOHEC, H 7606 BEA		□ Delete						Ī	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete							Change	☐ Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(408)76%-556 (409)766-4600