2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State **DOCUMENT #811199** AMERICAN FIRE AND INDEMNITY COMPANY 05-11-2001 90007 035 ***150.00 Principal Place of Business Mailing Address **2115 WINNIE** 2115 WINNIE P. O. BOX 1259 P. O. BOX 1259 GALVESTON TX 77550 **GALVESTON TX 77550** 2. Principal Place of Business 3. Mailing Address 118 Second Avenue SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 74-6045664 City & State 4. FEI Number Cedar Rapids, IΑ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 52407 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, DAVE Street Address (P.O. Box Number is Not Acceptable) 4112 PINAR DR **BRADENTON FL 33507** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SVPD CR2E034 (10/00) Addition TITLE ☐ Delete TITLE SEINSHEIMER, J F III NAME NAME **2115 WINNIE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GALVESTON TX 77550** Change ☐ Addition nn F ☐ Delete TITLE MCINTYRE, JR, JOHN SCOTT NAME NAME 118 SECOND AVE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA 52407 CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change Addition TITLE RIFE, JOHN ARTHUR NAME NAME STREET ADDRESS 118 SECOND AVE SE STREET ADDRESS CITY-ST-7IP CEDAR RAPIDS IA 52407 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE LOHEC, HELEN K NAME NAME 7606 BEAUDELAIRE STREET ADDRESS STREET ADDRESS **GALVESTON TX 77551** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME Baker, Kent G STREET ADDRESS STREET ADDRESS 118 Second Avenue SE CITY-ST-ZIP CITY-ST-ZIP Cedar Rapids, IA 52407 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Kent G. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR