FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:39

DOCUMENT # **821234** **(2)**

1. Corporation Name

AMERICAN CONTINENTAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
540 LAKE-COOK ROAD DEERFIELD IL 60015	540 LAKE-COOK ROAD DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1968
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 44-0648645 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SPENCE, WILLIAM R.	12 NAME		
STREET ADDRESS	540 LAKE-COOK ROAD	13 STREET ADDRESS		
CITY · ST · ZIP	DEERFIELD IL	14 CITY · ST · ZIP		
TITLE	VCD	21 TITLE	CD	☒ Change ☐ Addition
NAME	BECKER, BERNARD F., III	22 NAME	Becker, B. Frederick	
STREET ADDRESS	1760 KNOLLWOOD LANE	23 STREET ADDRESS	540 Lake Cook Road	
CITY · ST · ZIP	LAKE FOREST IL	24 CITY · ST · ZIP	Deerfield, IL 60015	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	GUNDER, PETER C	32 NAME	Gunder, Peter C.	
STREET ADDRESS	3099 UNIVERSITY AVE	33 STREET ADDRESS	540 Lake Cook Road	
CITY · ST · ZIP	HIGHLAND PARK IL	34 CITY · ST · ZIP	Deerfield, IL 60015	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	KALCK, CRAIG W.	42 NAME		
STREET ADDRESS	100 BRIARGATE ROAD	43 STREET ADDRESS		
CITY · ST · ZIP	CARY IL	44 CITY · ST · ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	SINCLAIR, WAYNE A.	52 NAME		
STREET ADDRESS	3510 WHITEHAVE PKWY	53 STREET ADDRESS		
CITY · ST · ZIP	WASHINGTON DC	54 CITY · ST · ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PERRY, ANTHONY J.	62 NAME		
STREET ADDRESS	421 HACKBERRY DRIVE	63 STREET ADDRESS		
CITY · ST · ZIP	DECATUR IL	64 CITY · ST · ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ May 17, 1995 708-374-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code and Daytime Phone Number)

0417000 FP