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

APPROVED AND FILED
95 APR 26 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840266** **(1)**

1. Corporation Name
AMERICAN NATIONAL PROPERTY & CASUALTY COMPANY

Principal Place of Business	Mailing Address
1949 E SUNSHINE SPRINGFIELD MO 65899-0001 US 0001	1949 E SUNSHINE SPRINGFIELD MO 65899-0001 0001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1978
3a. Date of Last Report: 04/27/1994

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: 43-1010895 ☐ 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

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S	☒ Change ☐ Addition
NAME	GEISLER, DAVID A	1.2 NAME	Robert J. Campbell	
STREET ADDRESS	3057 S WHITEOAK DR	1.3 STREET ADDRESS	Corporate Centre, 1949 E. Sunshine	
CITY-ST-ZIP	SPRINGFIELD MO	1.4 CITY-ST-ZIP	Springfield, MO 65899-0001	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	CYBULSKI, JAMES M	2.2 NAME		
STREET ADDRESS	1568 HANOVER	2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MO	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	OSTERGREN, GREGORY V	3.2 NAME		
STREET ADDRESS	1951 E BUENA VISTA	3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MO	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	CLAY, ORSON C	4.2 NAME		
STREET ADDRESS	ONE MOODY PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	GALVESTON TX	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ADDISON, CHARLES	5.2 NAME		
STREET ADDRESS	29 SOUTH SHORE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	GALVESTON TX	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), 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: _____ Treasurer 4/20/95 (417) 887-4990 ext 243
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0480088 FN