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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F27228 (8)**

1. Corporation Name  
**AMERICAN PIONEER CASUALTY INSURANCE COMPANY**

Principal Place of Business Mailing Address

**245 PEACHTREE CENTER AVE  
STE 1100  
ATLANTA GA 30303  
US**

**245 PEACHTREE CENTER AVE  
STE 1100  
ATLANTA GA 30303  
US**

2. Principal Place of Business 2a. Mailing Address

21 26

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

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **03/27/1981** 3a. Date of Last Report **03/23/1994**

4. FEI Number **59-2136562** 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  
THE CAPITOL  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is not applicable) **20801452102**

B3 **-04/10/95--01046--013**

**\*\*\*\*208.75 \*\*\*\*208.75**

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 designation requires when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, EDD M	1.2 NAME	<b>J. Michael Barganier</b>
STREET ADDRESS	245 PEACHTREE CENTER AVE STE 1100	1.3 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	<b>Atlanta, GA 30303</b>
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIGAN, RICHARD	2.2 NAME	<b>Richard Corrigan</b>
STREET ADDRESS	245 PEACHTREE CENTER AVE STE 1100	2.3 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	<b>Atlanta, GA. 30303</b>
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMARTT, ROBERT L	3.2 NAME	<b>Faye O. Haack</b>
STREET ADDRESS	245 PEACHTREE CENTER AVE STE 1100	3.3 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	<b>Atlanta, GA. 30303</b>
TITLE	DV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOSEPH M	4.2 NAME	<b>Lamar V. Hallman</b>
STREET ADDRESS	245 PEACHTREE CENTER AVE., STE. 1100	4.3 STREET ADDRESS	<b>245 Peachtree Center Ave, Ste. 1100</b>
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	<b>Atlanta, GA. 30303</b>
TITLE	DV	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN, JOHN M	5.2 NAME	<b>Deborah V. Chandler</b>
STREET ADDRESS	245 PEACHTREE CENTER AVE., STE. 1100	5.3 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	<b>Atlanta, GA 30303</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 (changed), or on an attachment with an address.

SIGNATURE: **J. Michael Barganier** **4/4/95** **404/230-6365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #

**J. Michael Barganier, President**