

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90037 011 ***150.00

DOCUMENT # 858338

1. Corporation Name

AMERICAN SECURITY INSURANCE COMPANY

Principal Place of Business

3290 NORTHSIDE PARKWAY, NW
ATTN: RAY, DEBI
ATLANTA GA 30327
US

Mailing Address

3290 NORTHSIDE PARKWAY, NW
ATTN: RAY, DEBI
ATLANTA GA 30327
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1983

4. FEI Number

58-1529575

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 260 Interstate North Cir., NW
Suite, Apt. #, etc.

2a. Mailing Address

27 P. O. Box 50355
Suite, Apt. #, etc.

22 Attn: Bunny Baum

27 Attn: Bunny Baum

City & State

City & State

23 Atlanta, GA 30339

28 Atlanta, GA 30302

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE
NAME O'HARE, EDWARD J
STREET ADDRESS 3290 NORTHSIDE PKWY. NW
CITY-ST-ZIP ATLANTA GA 41

TITLE VP ☒ DELETE
NAME BALSLEY, MICHAEL W
STREET ADDRESS 3290 NORTHSIDE PRKWY. NW
CITY-ST-ZIP ATLANTA GA 41

TITLE VS ☐ DELETE
NAME WEXLER, HOWARD B
STREET ADDRESS 3290 NORTHSIDE PRKWY. NW
CITY-ST-ZIP ATLANTA GA 41

TITLE VPT ☒ DELETE
NAME WALKER, STEVEN G
STREET ADDRESS 3290 NORTHSIDE PKWY. NW
CITY-ST-ZIP ATLANTA GA 41

TITLE P ☐ DELETE
NAME WILLIAMS, JEFFREY W
STREET ADDRESS 3290 NORTHSIDE PKWY. NW
CITY-ST-ZIP ATLANTA GA 41

TITLE V ☒ DELETE
NAME CRIVOLLO, JAMES J
STREET ADDRESS 3290 NORTHSIDE PKWY. NW
CITY-ST-ZIP ATLANTA GA 41

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Jeffrey W. Williams
1.3 STREET ADDRESS 260 Interstate North Circle, NW
1.4 CITY-ST-ZIP Atlanta, GA 30339 ☐ Change ☐ Addition

2.1 TITLE VP ☐ Change ☐ Addition
2.2 NAME Peter McNally
2.3 STREET ADDRESS 260 Interstate North Circle, NW
2.4 CITY-ST-ZIP Atlanta, GA 30339 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 260 Interstate North Circle, NW
3.4 CITY-ST-ZIP Atlanta, GA 30339

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Edwin L. Harper
4.3 STREET ADDRESS 260 Interstate North Circle, NW
4.4 CITY-ST-ZIP Atlanta, GA 30339

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Chairman
5.3 STREET ADDRESS Edward J. O'Hare
5.4 CITY-ST-ZIP One Chase Manhattan Plaza
New York, NY 10005

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME Director
6.3 STREET ADDRESS J. Kerry Clayton
6.4 CITY-ST-ZIP One Chase Manhattan Plaza
New York, NY 10005

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0507(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 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard B. Wexler Secty 4/30/99 770/763-2407

Date

Daytime Phone #

CR2E034 (1/98)