

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17694

1. Entity Name

ALPHA PROPERTY & CASUALTY INSURANCE COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90223 050 ***150.00

Principal Place of Business

Mailing Address

21650 OXNARD ST
STE 1800
WOODLAND HILLS CA 91367
US

P O BOX 655028
~~P O BOX 517~~
DALLAS TX 75265-5028
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1344101**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MULLEN, JOHN W**
STREET ADDRESS **1867 FOX SPRINGS CIR**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DEVRIES, DONALD R**
STREET ADDRESS **543 24TH ST**
CITY-ST-ZIP **MANHATTAN BEACH CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **JOHNSON, GERALD F**
STREET ADDRESS **2003 SARATOGA RD**
CITY-ST-ZIP **WAUKESHA WI**

TITLE **VP** ☐ Change ☒ Addition
NAME **PEARCE, DAVID J**
STREET ADDRESS **2626 S LENOX ST**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE **D** ☒ Delete
NAME **JEROME, JERROLD V**
STREET ADDRESS **41 COUNTRY MEADOW RD**
CITY-ST-ZIP **ROLLING HILLS ESTATES CA**

TITLE **D** ☐ Change ☒ Addition
NAME **BUEHLER, ROBERT F**
STREET ADDRESS **7821 HAMBURG CT**
CITY-ST-ZIP **PLANO TX**

TITLE **D** ☐ Delete
NAME **BURKETT, JAMES W**
STREET ADDRESS **701 LEGACY DR #1725**
CITY-ST-ZIP **PLANO TX**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8 SAVANNAH RIDGE**
CITY-ST-ZIP **FRISCO TX**

TITLE **S** ☐ Delete
NAME **HIMEBAUCH, GREGORY L**
STREET ADDRESS **W 347 S 10170 UPPER PARK DR**
CITY-ST-ZIP **EAGLE WI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Gregory L. Himebauch 2/15/00 (414) 271-0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)