2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9400006065 Mar 31, 2000 8:00 am COLONIAL AMERICAN CASUALTY AND SURETY COMPANY **Secretary of State** 03-31-2000 90103 030 ***150.00 Principal Place of Business Mailing Address 300 ST PAUL PLACE 300 ST PAUL PLACE BALTIMORE MD 21203 BALTIMORE MD 21202-2120 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 52-1096670 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG TALLAHASSEE FL 32399-0300 City Zip Code Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Change X Addition Delete TITLE TITLE STOLENMAIER, WAYNE A. NAME Merz. Annette NAME 300 ST. PAUL PLACE STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-71P CITY~ST-ZIP BALTIMORE MARYLAND_ **BALTIMORE MD 21202** 21202 **PCEO** Change X Addition TITLE PCEO X Delete TITLE WILLIAMS, RICHARD F BOSLEY, THOMAS B. NAME NAME STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE 300 ST. PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP Baltimore MD 21202 -<u>BALTIMORE. MARYLAND. 21202</u> Delete ☐ Change Addition TITLE TITLE BOSLEY, THOMAS B NAME NAME KEENAN, JAMES I., STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE 300 ST. PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** BALTIMORE, MARYLAND 21202 ☐ Change Addition . Delete TITLE TITLE BORLEIS, FRED L JR NAME NAME STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD 21202 Change Addition Delete TITLE GALLAGHER, JOSEPH J NAME NAME STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** ■ Addition 7MLE ☐ Change TITLE Defete YEAZEL, RICHARD F NAME STREET ADDRESS STREET ADDRESS 300 ST. PAUL PLACE CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** 13. Thereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(1). 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. STOLLEN MATER SIGNATURE: _ 01/07/00

Daytime Phone *