

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858338

1. Entity Name

AMERICAN SECURITY INSURANCE COMPANY

FILED

May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90101 011 \*\*\*150.00

Principal Place of Business

Mailing Address

260 INTERSTATE NORTH CIR., NW  
ATTN: BUNNY BAUM  
ATLANTA GA 30339  
US

P.O. BOX 50355  
ATTN: BUNNY BAUM  
ATLANTA GA 30302-0355  
US

2. Principal Place of Business

3. Mailing Address

260 Interstate North Cir. NW P.O. Box 50355  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Atlanta, Georgia 30339

Atlanta, Georgia 30302

Zip

Country

Zip

Country

4. FEI Number

58-1529575

Applied For

Not Applicable

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  
THE CAPITOL  
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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JEFFREY W 260 INTERSTATE NORTH CIRCLE, NW ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MC NALLY, PETER 260 INTERSTATE NORTH CIRCLE, NW ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WEXLER, HOWARD B 260 INTERSTATE NORTH CIRCLE, NW ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, EDWIN L 260 INTERSTATE NORTH CIRCLE, NW ALTANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'HARE, EDWARD J ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, KERRY J ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 260 Interstate North Circle, NW Atlanta, Georgia 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 260 Interstate North Circle, NW Atlanta, Georgia 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 260 Interstate North Circle, NW Atlanta, Georgia 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 260 Interstate North Circle, NW Atlanta, Georgia 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition One Chase Manhattan Plaza New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition One Chase Manhattan Plaza New York, NY 10005

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce VanGeest 5-1-00 770)763-2469

Date

Daytime Phone #