🕆 2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 805144 May 24, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPA 05-24-2000 90046 036 ***550.00 Principal Place of Business Mailing Address 1400 AMERICAN LANE 1400 AMERICAN LANE SCHAUMBURG IL 60196 SCHAUMBURG IL 60196-5452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 36-6071400 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32304 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME BOLINDER, W.H. NAME STREET ADDRESS 1400 AMERICAN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SCHAUMBURG IL 60196 Change ☐ Addition ☐ Delete TITLE IORDANOU, CP NAME NAME STREET ADDRESS 1400 AMERICAN LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SCHAUMBURG IL 60196 THOMAS BUESS XO 1400 AMERICAN LANE SCHAUMBURG, IL 60196 Change ☐ Addition X Delete TITLE ALTER, L.J. NAME STREET ADDRESS 1400 AMERICAN LANE STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL 60196 CITY-ST-ZIP BOWERS, DAVID A. 1400 AMERICANI LANE ☐ Addition Delete TITLE TITLE HAROLD, S.K. NAME NAME STREET ADDRESS STREET ADDRESS 1400 AMERICAN LANE SCHAUMBURG, IL 60196 CITY-ST-ZIP SCHAUMBURG IL 60196 CITY-ST-ZIP WAYNE TISHER 1400 AMERICAN LANE Addition ☐ Delete TITLE BOWERS, D.A. NAME NAME STREET ADDRESS 1400 AMERICAN LANE STREET ADDRESS SCHAUMBURG, IL 60196 CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL 60196 TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attactment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-12-Dato 847 Dayling Phase 6/20