FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

803358

(1)

THE AMERICAN INSURANCE COMPANY

TIFE A	ALTIONA MODINATOL CO	IVII PAINT				
Principal Place	of Business	Mailing Address			I SOCIAN INSIN ANSAN BISAK IRIAN ANIA	
777 SAN MARIN DR % CORP SECRETARY'S OFFICE NOVATO CA 94998		777 SAN MARIN DR % CORP SECRETARY'S OFFICE NOVATO CA 94998		Date Incorporated or Qualified	3a. Date of Last Report	
		··· • • • • • • • • • • • • • • • • • •		*******************************	07/16/1928	04/19/1995
2. Principal Pla- 21	ce of Business	2a. Maiting Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-0731810	Not Applicable \$8,75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	5.00 May Be	
23		28	·		Trust Fund Contribution	Added to Fees
Zφ			Country		8. This corporation has liability for in	
24	25 9. Name and Address of Curren	29 nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R	
	<u> </u>		81	Name	10. Hame and Addiess of Hear II	egistered Agent
INGLIBAL	NCE COMMISSIONER		-	A	/D.O. O	
THE CAPITOL BLDG.			82	Street Addr	ess (P.O. Box Number is Not Acceptable	(e)
'TALLAHASSEE FL 32399			83			
			84	City		85 Zip Code
				•		
 Pursuant to or registere 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	? and 607.1508, Florida Statut da. Such change was authoriz	tes, the above-na	med corpor	ation submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office
familiar with	n, and accept the obligations of, Sect	ion 607.0505, Florida Statute:	s.	enon o been	o or onocoro. Thoroby accopt this apple	on the de registeres agent. This
SIGNATURE _	Blynature, typed or printed name of registered agent	TO TO EXTENSE TO CORDS	and with a market			
12.	Of FICERS AN	CONTRACTOR OF THE REAL PROPERTY OF THE PARTY	OTE: Registered Agent s	signature requires	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	AS	DELETE	1. 1 JITLE			Change Addition
NAME	JANET M. HOLLAND	1.21				· · · · · ·
STREET ADDRESS	777 SAN MARIN DRIVE		1.3 STREET A	DDRESS		
CITY-ST-ZIP	NOVATO CA 94998		1.4 C/TY - ST -	ZIP		
TITLE	D	☐ DELETE	2 1 TITLE			Change Addition
NAME	BLACK, GARY E		2.2 NAME	1		
STREET ADDRESS	777 SAN MARIN DRIVE		23 STREET A	DDRESS		
CITY-ST-ZIP	NOVATO CA	First October	2 4 CITY - ST-	ZIP		
TITLE	D	EX DELETE	3. 1 TITLE		D/CFO	Change 🙀 Addition
NAME STORET ADDDRESS	MEYER, JOHN F		3.2 NAME		Jeffrey H. Post	
STREET ADDRESS	777 SAN MARIN DRIVE NOVATO CA		3.3. STREET A	†	777 San Marin Drive	
City-St-ZIP Title	SVP	DELETE	3.4 CITY-ST-	ZIP	Novato <u>CA</u> 94998	Change Addition
NAME	MARSH, HAROLD N III	[] Section	4.2 NAME			
STREET ADDRESS	777 SAN MARIN DRIVE		4.3 STREET A	DDRESS		
CITY-ST-ZIP	NOVATO CA 94998		4.0 STREET A			
TITLE	V	☐ OELETE	5 1 TITLE		40000181 -05/08/96010	Cintinge Addition
NAME	WARREN, RICHARD G		5.2 NAME			16019
STREET ADDRESS	777 SAN MARIN DRIVE		5 3 STREET A	DDRESS	***200.00	~ 1
CITY-ST-7IP	NOVATO CA		5.4 CITY- ST-	71P		11/2
TITLE	SVP	□ DEFEIF	6 1 TITLE	7	_	Change \ \ \ Addition
NAME	SWANSON, THOMAS A		6.2 NAME			~ ~ ~ U
STREET ADDRESS	777 SAN MARIN DRIVE		63 STREFT A	DORESS		
CITY - ST - ZIP	NOVATO CA		6.4 CHY-ST-	ZIP)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the receiver or trustee entrywered 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 an attachment with an addless.

SIGNATURE:

4/26/96

(415) 899-3621

1-2

Daytime Phone #

803358

THE AMERICAN INSURANCE COMPANY (Subsidiary of Fireman's Fund Insurance Company)

PURPOSE: To engage in the insurance business.

DIRECTORS

Gary E. Black
Herbert F. Hansmeyer
Timothy T.M. Koo
David R. Pollard

Jeffrey H. Post Thomas E. Rowe Joe L. Stinnette, Jr. Edmund O. Wall *

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ELECTED OFFICERS

Herbert F. Hansmeyer Joe L. Stinnette, Jr.

Timothy T.M. Koo David R. Pollard Jeffrey H. Post

Thomas E. Rowe Harold N. Marsh, III

Thomas A. Swanson

Edmund O. Wall

Richard G. Warren

Chairman of the Board President and Chief Executive Officer Executive Vice President Executive Vice President Executive Vice President, Chief Financial Officer and Actuary Executive Vice President Senior Vice President and Treasurer Senior Vice President, General Counsel & Corporate Secretary Senior Vice President and Chief Administrative Officer Senior Vice President and Controller

APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Business address: All of the above are located at 777 San Marin Drive, Novato, CA 9499 except as noted.

Located at Home office address:
 11516 Miracle Hills Drive, Omaha, NE 68154