

4-20-98 B-5089 -C

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **803358** (1)
1. Corporation Name
THE AMERICAN INSURANCE COMPANY

Principal Place of Business
**777 SAN MARIN DR
% CORP SECRETARY'S OFFICE
NOVATO CA 94998**

Mailing Address
**777 SAN MARIN DR
% CORP SECRETARY'S OFFICE
NOVATO CA 94998**

FILED
Apr 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1928

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
22-0731810

Applied For
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AS** ☐ DELETE
NAME **JANET M. HOLLAND**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA 94998**

TITLE **D** ☐ DELETE
NAME **BLACK, GARY E.**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA**

TITLE **DCFO** ☐ DELETE
NAME **POST, JEFFREY H**
STREET ADDRESS **777 SAN MARIN DR**
CITY-ST-ZIP **NOVATO CA 94998**

TITLE **SVP** ☐ DELETE
NAME **MARSH, HAROLD N III**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA 94998**

TITLE **V** ☐ DELETE
NAME **WARREN, RICHARD G**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA**

TITLE **SVP** ☒ DELETE
NAME **SWANSON, THOMAS A**
STREET ADDRESS **777 SAN MARIN DRIVE**
CITY-ST-ZIP **NOVATO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S/V
Janet S. Kloenhamer
777 San Marin Drive
Novato CA 94998**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/13/98

(415) 899-2000

CR2E034 (10/97)

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
David R. Pollard

Jeffrey H. Post
Thomas E. Rowe
Joe L. Stinnette, Jr.
Randal A. Swanson *

ELECTED OFFICERS

Herbert F. Hansmeyer
Joe L. Stinnette, Jr.

David R. Pollard
Jeffrey H. Post

Thomas E. Rowe
Harold N. Marsh, III

Janet S. Kloenhamer

Edmund O. Wall

Richard G. Warren

Chairman of the Board
President and
Chief Executive Officer
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

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

Business address: All of the above are located at 777 San Marin Drive,
Novato, CA 94998 except as noted.

* P.O. Box 584, Laurel, NE 68745