PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 803358

1. Corporation Name

THE AMERICAN INSURANCE COMPANY

Principal Place	of Business	Mailing Address				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
777 SAN MARIN		777 SAN MARIN DR								
% CORP SECRETARY'S OFFICE NOVATO CA 94998		% CORP SECRETARY'S OFFICE NOVATO CA 94998				DO NOT WRITE IN THIS SPACE				
MONATO CM 34530		MOVATO ON 54550				3. Date Incorporated or Qualifed				
						07/16/1928				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applie	ed For
21		26							pplicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
22		27					_			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country		Count	īv		Trust Fund Contribution 8. This corporation owes the curr	ent vear Int		ied to i	663
一、 ·	25		30	. ,		Personal Property Tax.	ent year int	∑ Yes		No
24	9. Name and Address of Curren		701			10. Name and Address of New I	Registered	Agent		
	J. Humo and Accided by Carron	g	8	11 1	Name					
INSU	IRANCE COMMISSIONER			12 3	Ctroot Addre	ess (P.O. Box Number is Not Accept	ahla)			
THE CAPITOL BLDG.				2 3	Street Addre	ess (P.O. Box Number is Not Accept	aule)			
TALL	AHASSEE FL 32399		8	13						
			8	34 (City	<u> </u>		85	Zip Cod	de
					•		<u>FL</u>	-		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	s, the abo	ve-n	named corpo	pration submits this statement for the o's board of directors. I hereby acce	purpose of ot the appoi	changing intment a	g its reg is regis	gistered tered
agent. I ar	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statute	es.	o corporation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE							DATE			
Signature, typed or printed name of registered agent and title if applica		ar and title if annlicable (NOTE: F			ionature required	when reinstating)	DATE			
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12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRE		S IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

03/31/99

(415) 899-2000

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90085 016 ***150.00

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

مؤ عرسين

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

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
Controller

APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Home office address: c/o Kutak Rock, The Omaha Bldg.
1650 Farnam Street, Omaha NE 68102-2186

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