

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803358

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** THE AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

312 WALNUT STREET  
SUITE 1100  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

777 SAN MARIN DR  
% CORP SECRETARY'S OFFICE  
NOVATO, CA 94998

**New Mailing Address:**

**FEI Number:** 22-0731810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** AS  
**Name:** WONG, JEANNETTE Y  
**Address:** 777 SAN MARIN DRIVE  
**City-St-Zip:** NOVATO, CA 94998

**Title:** DEVP  
**Name:** PATERSON, JILL E  
**Address:** 777 SAN MARIN DRIVE  
**City-St-Zip:** NOVATO, CA 94998

**Title:** DSVF  
**Name:** NAREY, SALLY B  
**Address:** 777 SAN MARIN DR  
**City-St-Zip:** NOVATO, CA 94998

**Title:** DVP  
**Name:** JOHNSON, JEFFERY F  
**Address:** 777 SAN MARIN DR  
**City-St-Zip:** NOVATO, CA 94998

**Title:** DCHM  
**Name:** LAROCCO, MICHAEL E  
**Address:** 777 SAN MARIN DR  
**City-St-Zip:** NOVATO, CA 94998

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SALLY B. NAREY

DSVP

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date