

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90117 027 ***150.00

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1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-0731810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete
NAME WONG, JEANNETTE Y.
STREET ADDRESS 777 SAN MARIN DRIVE
CITY-ST-ZIP NOVATO CA 94998

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DEVC ☐ Delete
NAME HUEHNE, PETER
STREET ADDRESS 777 SAN MARIN DRIVE
CITY-ST-ZIP NOVATO CA 94998

TITLE D/V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D/C/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D/V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV ☐ Delete
NAME KLOENHAMER, JANET S
STREET ADDRESS 777 SAN MARIN DR
CITY-ST-ZIP NOVATO CA 94998

TITLE D/V/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME GARRISON, JULIE A
STREET ADDRESS 777 SAN MARIN DR
CITY-ST-ZIP NOVATO CA 94998

TITLE V/T ☒ Change ☐ Addition
NAME Wright, Linda E.
STREET ADDRESS 777 San Marin Drive
CITY-ST-ZIP Novato CA 94998

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannette Y. Wong

4/15/03

415/899-2844

Date

Daytime Phone #

CR2E034 (10/02)