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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 805416 (5)
1. Corporation Name
AMERICAN CREDIT INDEMNITY COMPANY



Principal Place of Business
100 EAST PRATT STREET
FIFTH STREET
BALTIMORE MD 21202-1008
US

Mailing Address
100 EAST PRATT STREET
5TH FLOOR
BALTIMORE MD 21202-1098
US

3. Date Incorporated or Qualified 10/06/1941
3a. Date of Last Report 04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

6. 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME COOK, J D
STREET ADDRESS 100 EAST PRATT STREET - 5TH FLOOR
CITY-ST-ZIP BALTIMORE MD ☒ DELETE

1.1 TITLE V
1.2 NAME EMERSON, II, B M
1.3 STREET ADDRESS 100 EAST PRATT STREET - 5TH FLR.
1.4 CITY-ST-ZIP BALTIMORE, MD 21202 ☒ Change ☒ Addition

TITLE VSD
NAME SHAPIRO, G H
STREET ADDRESS 100 EAST PRATT STREET - 5TH FLOOR
CITY-ST-ZIP BALTIMORE MD ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 21202 ☒ Change ☐ Addition

TITLE PD
NAME CUSHINSKY, H. MICHAEL
STREET ADDRESS 100 EAST PRATT STREET - 5TH FLOOR
CITY-ST-ZIP BALTIMORE MD ☒ DELETE

3.1 TITLE P/D
3.2 NAME DOUGLAS C. BRUNNER
3.3 STREET ADDRESS 100 EAST PRATT STREET - 5TH FLR.
3.4 CITY-ST-ZIP BALTIMORE, MD 21202 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS C. BRUNNER

2/10/97

400 554-0778

Date

Daytime Phone #

CR2E034 (9/96)