

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 821234 (2)

1. Corporation Name

AMERICAN CONTINENTAL INSURANCE COMPANY

Principal Place of Business

540 LAKE-COOK ROAD
DEERFIELD IL 60015

Mailing Address

540 LAKE-COOK ROAD
DEERFIELD IL 60015



3. Date Incorporated or Qualified

03/12/1968

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

44-0648645

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

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 PD
NAME SPENCE, WILLIAM R.
STREET ADDRESS 540 LAKE-COOK ROAD
CITY-ST-ZIP DEERFIELD IL ☐ DELETE

TITLE CD
NAME BECKER, FREDERICK B
STREET ADDRESS 540 LAKE COOK RD
CITY-ST-ZIP DEERFIELD IL ☐ DELETE

TITLE T
NAME GUNDER, PETER C
STREET ADDRESS 540 LAKE COOK RD
CITY-ST-ZIP DEERFIELD IL ☐ DELETE

TITLE VP
NAME KALCK, CRAIG W.
STREET ADDRESS 100 BRIARGATE ROAD
CITY-ST-ZIP CARY IL ☐ DELETE

TITLE S
NAME SINCLAIR, WAYNE A.
STREET ADDRESS 3510 WHITEHAVEN PKWY
CITY-ST-ZIP WASHINGTON DC ☐ DELETE

TITLE D
NAME PERRY, ANTHONY J.
STREET ADDRESS 421 HACKBERRY DRIVE
CITY-ST-ZIP DECATUR IL ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Pat C. Sinclair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(847) 374-2315

Date

Outside Phone #

CR2E034 (12/95)