

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 821234**1. Entity Name  
AMERICAN CONTINENTAL INSURANCE COMPANY

## Principal Place of Business

540 LAKE-COOK ROAD

DEERFIELD  
60015

IL

## Mailing Address

540 LAKE-COOK ROAD

DEERFIELD  
60015

IL

## 2. Principal Place of Business

## 3. Mailing Address

385 WASHINGTON STREET

Suite, Apt. #, etc.  
MAIL CODE 515ACity & State  
ST. PAUL

MN

Zip  
55102

Country

## 4. FEI Number

44-0648645

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDATALLAHASSEE  
32304

FL

## 7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ 04/25/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | GEORGE R. CALDWELL          |                                 |
| STREET ADDRESS | 5215 OLD ORCHARD RD STE 700 |                                 |
| CITY-ST-ZIP    | SKOKIE IL 60077             |                                 |
| TITLE          | S                           | <input type="checkbox"/> Delete |
| NAME           | SINCLAIR, WAYNE A.          |                                 |
| STREET ADDRESS | 3510 WHITEHAVE PKWY         |                                 |
| CITY-ST-ZIP    | WASHINGTON DC               |                                 |
| TITLE          | VP                          | <input type="checkbox"/> Delete |
| NAME           | KALCK, CRAIG W.             |                                 |
| STREET ADDRESS | 100 BRIARGATE ROAD          |                                 |
| CITY-ST-ZIP    | CARY IL                     |                                 |
| TITLE          | T                           | <input type="checkbox"/> Delete |
| NAME           | FISKOW PHILIP J.            |                                 |
| STREET ADDRESS | 540 LAKE COOK RD            |                                 |
| CITY-ST-ZIP    | DEERFIELD IL 60015          |                                 |
| TITLE          | CD                          | <input type="checkbox"/> Delete |
| NAME           | BECKER FREDERICK B          |                                 |
| STREET ADDRESS | 540 LAKE COOK RD            |                                 |
| CITY-ST-ZIP    | DEERFIELD IL                |                                 |
| TITLE          | PD                          | <input type="checkbox"/> Delete |
| NAME           | HERRINGTON BARBARA          |                                 |
| STREET ADDRESS | 540 LAKE COOK RD.           |                                 |
| CITY-ST-ZIP    | DEERFIELD IL 60015          |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LILIENTHAL STEPHEN W  |  |
| STREET ADDRESS | 385 WASHINGTON STREET |  |
| CITY-ST-ZIP    | ST. PAUL MN 55102     |  |
| TITLE          | SV                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BACKBERG BRUCE A      |  |
| STREET ADDRESS | 385 WASHINGTON STREET |  |
| CITY-ST-ZIP    | ST. PAUL MN 55102     |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CONROY MICHAEL J      |  |
| STREET ADDRESS | 385 WASHINGTON STREET |  |
| CITY-ST-ZIP    | ST. PAUL MN 55102     |  |
| TITLE          | TV                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BERGMANN THOMAS E     |  |
| STREET ADDRESS | 385 WASHINGTON STREET |  |
| CITY-ST-ZIP    | ST. PAUL MN 55102     |  |
| TITLE          | CDP                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEATHERDALE DOUGLAS W |  |
| STREET ADDRESS | 385 WASHINGTON STREET |  |
| CITY-ST-ZIP    | ST. PAUL MN 55102     |  |
| TITLE          | DV                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BRADLEY THOMAS A      |  |
| STREET ADDRESS | 385 WASHINGTON STREET |  |
| CITY-ST-ZIP    | ST. PAUL MN 55102     |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: BRUCE A. BACKBERG**

SV

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)