

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 028 ***150.00

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02192004 Chg-P CR2E034 (10/03)

DOCUMENT # 846416 1. Entity Name AMERICAN AND FOREIGN INSURANCE COMPANY					
Principal Place of Business 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US			Mailing Address P. O. BOX 1000 CHARLOTTE, NC 28201-8000		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4922485	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL, FL 32301				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP LAWRENCE, LAURA S 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MULREADY, STEPHEN M 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIGHE, JOHN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MISRETTA, JOSEPH J 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PETTIGREW, LINDA Y.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CARLINO, CATHERINE A 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVENPORT, DAVID M.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEATTY, SEAN A 9300 ARROWPOINT BOULEVARD CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP CFO FISHER, JOSEPH F.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLER, GYWN 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP CFO FISHER, JOSEPH F.
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:			David M. Davenport 2/20/04 704-522-2000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		