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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846938** **(9)**

1. Corporation Name
AMERICAN AMBASSADOR CASUALTY COMPANY

Principal Place of Business	Mailing Address
1501 E WOODFIELD ROAD. SUITE 300E SCHAUMBURG IL 60173-3000	1501 E WOODFIELD ROAD. SUITE 300E SCHAUMBURG IL 60173-3000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1980
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 36-2678778 ☐ 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 OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, ROBERT H.	1.2 NAME	
STREET ADDRESS	1501 WOODFIELD RD. 300E	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	POLLINA, DENIS R.	2.2 NAME	
STREET ADDRESS	1501 WOODFIELD RD #300E	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, LAWRENCE	3.2 NAME	
STREET ADDRESS	1501 WOODFIELD RD #300E	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	PHELAN, FRANCIS J	4.2 NAME	
STREET ADDRESS	1501 WOODFIELD RD #300E	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP	
TITLE	VSD	5.1 TITLE	☒ Change ☐ Addition
NAME	PERSKY, BURTON	5.2 NAME	VTD
STREET ADDRESS	1501 WOODFIELD RD #300E	5.3 STREET ADDRESS	PERSKY, BURTON
CITY-ST-ZIP	SCHAUMBURG IL	5.4 CITY-ST-ZIP	1501 E. WOODFIELD RD., #300E SCHAUMBURG, IL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	YERRILL, VICTOR M.	6.2 NAME	
STREET ADDRESS	61 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	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)(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, added or deleted.

SIGNATURE: _____ 1-13-95 (708)330-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANCIS J. PHELAN - PRESIDENT

0488400 FP

AMERICAN AMBASSADOR CASUALTY COMPANY
1995 CORPORATION ANNUAL REPORT

13. CONTINUATION OF CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	**D**	
NAME	HASKOWITZ, HOWARD	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK, N.Y. 10006	
TITLE	**D**	
NAME	CARR, JOHN P.	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK, N.Y. 10006	
TITLE	**D**	
NAME	ZARANDONA, JOSEPH L.	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK, N.Y. 10006	
TITLE	**V**	
NAME	KENNEDY, JAMES J.	# ADDITION
STREET ADDRESS	1700 EDISON DRIVE	
CITY-ST-ZIP	MILFORD, OHIO 45150	
TITLE	**V**	# ADDITION
NAME	VARDARO, JOSEPH E.	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK, N.Y. 10006	
TITLE	**S**	# ADDITION
NAME	GARDNER, THOMAS J.	
STREET ADDRESS	1700 EDISON DRIVE	
CITY-ST-ZIP	MILFORD, OHIO 45150	
TITLE	**V**	# ADDITION
NAME	GREENE, HOWARD W.	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK, N.Y. 10006	