

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846938** (9)
1. Corporation Name
AMERICAN AMBASSADOR CASUALTY COMPANY



Principal Place of Business 1501 E WOODFIELD ROAD, SUITE 300E SCHAUMBURG IL 60173-3000	Mailing Address 1501 E WOODFIELD ROAD, SUITE 300E SCHAUMBURG IL 60173-3000
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1980	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 36-2678778	Applied For Not Applicable
22 City & State	27	28 City & State		6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	29	30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 KENNEDY, JAMES J. <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11611 NORTH MERIDIAN STREET	1.2 NAME	VARDARO, JOSEPH E.
STREET ADDRESS	CARMEL IN	1.3 STREET ADDRESS	61 BROADWAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLINA, DENIS R.	2.2 NAME	ZARANDONA, JOSEPH L. SR.
STREET ADDRESS	1501 WOODFIELD RD #300E	2.3 STREET ADDRESS	61 BROADWAY
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKOWITZ, HOWARD	3.2 NAME	KIRSCHNER, KEVIN J.
STREET ADDRESS	61 BROADWAY	3.3 STREET ADDRESS	11611 NORTH MERIDIAN STREET
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	CARMEL, IN
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OROL, ELLIOT S.	4.2 NAME	HEUER, BRIAN
STREET ADDRESS	61 BROADWAY	4.3 STREET ADDRESS	61 BROADWAY
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, EUGENE G.	5.2 NAME	BALLARD, EUGENE G.
STREET ADDRESS	61 BROADWAY	5.3 STREET ADDRESS	61 BROADWAY
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	

(continued on separate sheet)

14. 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 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]

4/27/98

5/12/98 3564

CR2E034 (10/97)

OFFICERS AND DIRECTORS CONTINUED:

Title	V
Name	KUGLER, LES A.
Street Address	61 BROADWAY
City, State	NEW YORK, NY

Title	D
Name	DUNLAP, DARRELL K.
Street Address	1501 E. WOODFIELD ROAD, STE 300E
City, State	SCHAUMBURG, IL

Title	D
Name	GALL, PENNY
Street Address	1501 E. WOODFIELD ROAD, STE 300E
City, State	SCHAUMBURG, IL

Title	D
Name	HALLAHAN, MICHAEL
Street Address	1501 E. WOODFIELD ROAD, STE 300E
City, State	SCHAUMBURG, IL