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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 024 ***150.00

DOCUMENT # 846938

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1980

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

24

25

29

30

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** ☒ DELETE
NAME **KENNEDY, JAMES J.**
STREET ADDRESS **11611 NORTH MERIDAN STREET**
CITY-ST-ZIP **CARMEL IN**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **DUNLAP, DARRELL**
1.3 STREET ADDRESS **1501 E WOODFIELD RD SUITE 300E**
1.4 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE **V** ☒ DELETE
NAME **POLLINA, DENIS R.**
STREET ADDRESS **1501 WOODFIELD RD #300E**
CITY-ST-ZIP **SCHAUMBURG IL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **GALL, PENNY**
2.3 STREET ADDRESS **1501 E WOODFIELD RD SUITE 300E**
2.4 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE **PD** ☐ DELETE
NAME **HASKOWITZ, HOWARD**
STREET ADDRESS **61 BROADWAY**
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **HALLAHAN, MICHAEL**
3.3 STREET ADDRESS **1501 E WOODFIELD RD SUITE 300E**
3.4 CITY-ST-ZIP **SCHAUMBURG IL 60173**

TITLE **SD** ☐ DELETE
NAME **OROL, ELLIOT S.**
STREET ADDRESS **61 BROADWAY**
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE **SV** ☒ Change ☐ Addition
4.2 NAME **OROL, ELLIOT S.**
4.3 STREET ADDRESS **61 BROADWAY**
4.4 CITY-ST-ZIP **NEW YORK NY 10006**

TITLE **VD** ☐ DELETE
NAME **BALLARD, EUGENE G.**
STREET ADDRESS **61 BROADWAY**
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE **PD** ☐ Change ☒ Addition
5.2 NAME **JEAN, ROGER**
5.3 STREET ADDRESS **62 MAPLE AVE**
5.4 CITY-ST-ZIP **KEENE NH 03413**

TITLE **D** ☐ DELETE
NAME **YERRILL, VICTOR M.**
STREET ADDRESS **61 BROADWAY**
CITY-ST-ZIP **NY NY**

6.1 TITLE **V** ☐ Change ☒ Addition
6.2 NAME **FIEBRINK, MARK**
6.3 STREET ADDRESS **62 MAPLE AVE**
6.4 CITY-ST-ZIP **KEENE NH 03413**

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, with all other like empowered.

SIGNATURE:

Mark Fiebrink
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

(317) 816-3400

Date

Daytime Phone #

CR2E034 (11/98)

846938

401263-90138-24

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE -	V	ADDITION
NAME -	VARDARO, JOSEPH	
STREET ADDRESS -	61 BROADWAY	
CITY-ST-ZIP -	NEW YORK NY 10006	

TITLE -	V	ADDITION
NAME -	ZARANDONA, JOSEPH	
STREET ADDRESS -	61 BROADWAY	
CITY-ST-ZIP -	NEW YORK NY 10006	

TITLE -	V	ADDITION
NAME -	BUDDE, MARK	
STREET ADDRESS -	11611 N MERIDIAN ST SUITE 600	
CITY-ST-ZIP -	CARMEL IN 46032	

TITLE -	VT	ADDITION
NAME -	TRACEY, JOSEPH	
STREET ADDRESS -	62 MAPLE AVE	
CITY-ST-ZIP -	KEENE NH 03413	

TITLE -	AS	ADDITION
NAME -	TAYLOR, JANE	
STREET ADDRESS -	62 MAPLE AVE	
CITY-ST-ZIP -	KEENE NH 03413	