

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 846938**

1. Entity Name

**AMERICAN AMBASSADOR CASUALTY COMPANY****FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90312 033 \*\*\*150.00

Principal Place of Business

Mailing Address

**1501 E WOODFIELD ROAD, SUITE 300E  
SCHAUMBURG IL 60173-3000****1501 E WOODFIELD ROAD, SUITE 300E  
SCHAUMBURG IL 60173-6029**

2. Principal Place of Business

**1100 ARLINGTON HEIGHTS RD.**

3. Mailing Address

**P.O. BOX 6070**

Suite, Apt. #, etc.

**STE 300**

Suite, Apt. #, etc.

City &amp; State

**ITASCA, IL**

City &amp; State

**INDIANAPOLIS, IN**

4. FEI Number

**36-2678778**

Applied For

Not Applicable

Zip

**60143-3104**

Country

**US**

Zip

**46206-6070**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	DUNLAP, DARRELL	1501 E WOODFIELD RD., STE 300E	SCHAUMBURG IL 60173	<input checked="" type="checkbox"/>
D	GALL, PENNY	1501 E WOODFIELD RD., STE 300E	SCHAUMBURG IL 60173	<input checked="" type="checkbox"/>
PD	HASKOWITZ, HOWARD	61 BROADWAY	NEW YORK NY	<input checked="" type="checkbox"/>
SD	OROL, ELLIOT S.	61 BROADWAY	NEW YORK NY	<input checked="" type="checkbox"/>
VD	BALLARD, EUGENE G.	61 BROADWAY	NEW YORK NY	<input checked="" type="checkbox"/>
D	YERRILL, VICTOR M.	61 BROADWAY	NY NY	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	BUDDE, MARK R.	350 E. 96TH ST.	INDIANAPOLIS, IN 46240	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TV	TRACEY, JOSEPH P.	62 MAPLE AVE.	KEENE, NH 03431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SV	TAYLOR, JANE F.	62 MAPLE AVE.	KEENE, NH 03431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	FIEBRINK, MARK E.	62 MAPLE AVE.	KEENE, NH 03431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	JOHNSON, FORREST H.	62 MAPLE AVE.	KEENE, NH 03431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	FONTANES, ALEX	175 BERKELEY ST.	BOSTON, MA 02117	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

**MARK R. BUDDE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

(317) 816-3400

Daytime Phone #

CR2E034 (9/99)

#846

A0150229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

V ADDITION  
HEALY, JUSTIN D.  
62 MAPLE AVE.  
KEENE, NH 03431

D ADDITION  
RUANE, JOHN M.  
1100 ARLINGTON HEIGHTS RD. STE 300  
ITASCA, IL 60143

D ADDITION  
BUTLER, MARK A.  
1100 ARLINGTON HEIGHTS RD STE 300  
ITASCA, IL 60143

D ADDITION  
SWEENEY, TIMOTHY M.  
175 BERKELEY ST  
BOSTON, MA 02117

D ADDITION  
JEAN, ROGER L.  
62 MAPLE AVE.  
KEENE, NH 03431

D ADDITION  
WILLIAMS, ELLIOT J.  
175 BERKELEY ST.  
BOSTON, MA 02117