

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90066 014 ***150.00

DOCUMENT # 846938

1. Entity Name

AMERICAN AMBASSADOR CASUALTY COMPANY

Principal Place of Business

Mailing Address

**1100 ARLINGTON HEIGHTS RD
 STE 300
 ITASCA IL 60143-3104**

**PO BOX 6070
 INDIANAPOLIS IN 46206-6070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2678778

Applied For

Not Applicable

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's 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, 2001 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	PD BUDDE, MARK R 350 E 96TH ST INDIANAPOLIS IN 46240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV TRACEY, JOSEPH P 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV TAYLOR, JANE F 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIEBRINK, MARK E 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, FORREST H 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FONTANES, A A 175 BERKLEY ST BOSTON MA 02117	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JOHN C. 350 E. 96TH ST. INDIANAPOLIS, IN 46240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURTON, GARY L. 350 E. 96TH ST. INDIANAPOLIS, IN 46240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLINKEFUS, RODNEY D. 1100 ARLINGTON HEIGHTS RD. STE 300 ITASCA, IL 60143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSTROW, GARY J. 175 BERKELEY ST. BOSTON, MA 02117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUZICKA, CHARLES B. 6281 TRI-RIDGE BLVD LOVELAND, OH 45140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEDDY, AMY J. 175 BERKELEY ST. BOSTON, MA 02117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

JOHN C. ROBINSON

4/11/2001

(317) 816-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Document
#846938

OFFICERS & DIRECTORS (CONTINUED)

TITLE - V ADDITION
NAME - HEALY, JUSTIN D.
ADDRESS - 62 MAPLE AVE.
CITY, ST, ZIP - KEENE, NH 03431

539287

TITLE - VD ADDITION
NAME - MERSCH, WILLIAM G.
ADDRESS - 175 BERKELEY ST.
CITY, ST, ZIP - BOSTON, MA 02117

TITLE - D ADDITION
NAME - JEAN, ROGER L.
ADDRESS - 175 BERKELEY ST.
CITY, ST, ZIP - BOSTON, MA 02117

TITLE - D ADDITION
NAME - BUTLER, MARK A.
ADDRESS - ONE SOUTH WACKER DR. STE 3420
CITY, ST, ZIP - CHICAGO, IL 60606

TITLE - D ADDITION
NAME - RUANE, JOHN M.
ADDRESS - 1000 PLAZA DR
CITY, ST, ZIP - SCHAUMBURG, IL 60173

TITLE - D ADDITION
NAME - FALLON, HONORE J.
ADDRESS - 175 BERKELEY ST.
CITY, ST, ZIP - BOSTON, MA 02117