

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90025 022 ***150.00

0000332 AT

| | |
|---|---------------|
| DOCUMENT # | 846938 |
| 1. Entity Name | |
| AMERICAN AMBASSADOR CASUALTY COMPANY | |

| | |
|------------------------------------|-----------------------------------|
| Principal Place of Business | Mailing Address |
| 1100 ARLINGTON HEIGHTS RD | PO BOX 6070 |
| STE 300 | INDIANAPOLIS IN 46206-6070 |
| ITASCA IL 60143-3104 | |

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 4. FEI Number | | Applied For | |
| 36-2678778 | | <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| <input type="checkbox"/> | | | |
| 6. Name and Address of Current Registered Agent | | | |
| INSURANCE COMMISSIONER OF FLORIDA | | | |
| THE CAPITOL BUILDING | | | |
| TALLAHASSEE FL 32301 | | | |
| 7. Name and Address of New Registered Agent | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

| | | | | | | |
|---|-------------------------------------|--|---|---|--------------------------|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 | After May 1, 2002 Fee will be \$550.00 | 10. Election Campaign Financing Trust Fund Contribution. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | Make Check Payable to Department of State | | | | |

| | | | | | | | |
|-----------------------------------|-----------------------|--|--|--|-------------------|---------------------------------|--|
| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | ROBINSON, JOHN C | | | NAME | POWELL, STEPHEN D | | |
| STREET ADDRESS | 350 E 96TH ST | | | STREET ADDRESS | 62 MAPLE AVE | | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46240 | | | CITY-ST-ZIP | KEENE NH 03431 | | |
| TITLE | TV | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TRACEY, JOSEPH P | | | NAME | | | |
| STREET ADDRESS | 62 MAPLE AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEENE NH 03431 | | | CITY-ST-ZIP | | | |
| TITLE | SV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TAYLOR, JANE F | | | NAME | | | |
| STREET ADDRESS | 62 MAPLE AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEENE NH 03431 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FIEBRINK, MARK E | | | NAME | | | |
| STREET ADDRESS | 62 MAPLE AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEENE NH 03431 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHNSON, FORREST H | | | NAME | | | |
| STREET ADDRESS | 62 MAPLE AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEENE NH 03431 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FONTANES, A A | | | NAME | | | |
| STREET ADDRESS | 175 BERKLEY ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOSTON MA 02117 | | | CITY-ST-ZIP | | | |

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: _____ **3/28/2002** **(317) 816-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)