COUNTER 1 # 040530 AMERICAN AMBASSADOR CASUALTY COMPANY AMERICAN AMBASSADOR CASUALTY COMPANY Prologial Place of Busines Mailing Address S2 MAPLE AVENUE S2 300 AKENER, NR 0231 Coverage AKENER, NR 0231 AKENER, NR 0231 AKENER, NR 0231 AKENER, NR 02431 Coverage AKENER	2004 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Apr 05, 2004 8:00 ai Secretary of State				
1100 AUURION HEIGHTS RD 62 MAPE A VENUE KEENE, NH 03431 127 300 TASCA, IL 60143-3104 KEENE, NH 03431 12 Principal Place of Business 3. Maling Address Sulte, Act, #, etc. Sulte, Act, #, etc. 200 Country 200 Country 200 Country 20 Country 20 <th>I. Entity Name</th> <th>3</th> <th>ALTY COMPANY</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	I. Entity Name	3	ALTY COMPANY								
Suite, Apt. #, etc. Suite, Apt. #, etc. 0220204 Chg-P CR2E034 (10/03) City & State City & State City & State Curviny Zip Curviny Zip Curviny Zip Curviny Scenticate of Status Desired B87.55 Additional Zip Country Zip Country Zip Country Scenticate of Status Desired B87.55 Additional Eter FINANCIAL OFFICER Name and Address of Normal Registered Agent N. Name and Address of Normal Registered Agent Name CHEF FINANCIAL OFFICER Country Zip Country Street Address (P.O. Box Number in NM Acceptable) Che Scatting The above named entity submits this statement for the purpose of changing its registered office or registered agent. FL Zip Cong.3224 VBM-TUPE File NOMIN FEEL 5150.00 Ince auropage frame agent of the registered agent. Note Address (P.O. Box Number in NM Acceptable) VBMATUPE File NOMIN FEEL 5150.00 Ince auropage frame agent of the registered agent. Note Foreward agent	100 ARLING STE 300	ton heights RD	62 MAPLE AVENUE		Cur.		NATION DALLAN TATANK ILAN INI				
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Zip Country Zip Country S. Contification of Status Desired S8.75 Additional Preparation HIEF FINANCIAL OFFICER 00 BXX 5200 (23114-6200) 00 E. GAINES ST ALLAHASSEE, FL 32399-0000 Name and Address of New Registered Agent Neme CT Orporazition System Disk 5200 (2314-6200) The above named ently submits this statement for the purpose of changing its registered affect or registered agent. Neme CT Orporazition System FL Z p Code 33224 The above named ently submits this statement for the purpose of changing its registered affect or registered agent. Notice Registered agent. Notice Registered agent. Notice Registered agent. IGMATURE Image: Status Desired agent. Image: Status Desired Registered agent. Image: Status Desired Registered agent. Image: Status Desired Registered agent. IGMATURE Image: Status Desired Registered Agent. IGMATURE Image: Status Desired Registered Agent. IGMATURE Image: Status Desired Registered Agent. Image: Status Desired Registered Agent. Image: Status Desite Registered Agent. Image: Status D	City & State		City & State							,	
HIEF FINANCIAL OFFICER Name O BOX 6200 (32314-6200) Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32399-0000 Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam tamiliar with, and acceptable Inter obligation of registered agent, or both, in the State of Florida. Tam tamiliar with, and acceptable IGNATURE Boards Acceptable Boards PD OFFICERS AND DIFECTORS It Powell	Zip	Country	Zip	Coun	itry				.75 Add	itional	
HIEF FINANCIAL OFFICER OF DEX 8200 O B DX 8200 O DX 820 O		6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Age	nt		
ALLAHASSEE, FL 32399-0000 1200 Suth Pine Tsland Rill City Plantation FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and acc FL Zip Code GNATURE	P O BOX 6200 (32314-6200)				CTQ)			
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2. 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 direct 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 10 or Block 1	le Me Reet address	V FONTANES, A A 175 BERKLEY ST	Delete	TITU NAM STRE	E -E RE EX EET ADDRESS	•	_	2	Change	Additic Additic	
SIGNATURE: Michael J. DiRUSSO, Michael D. Directory Contractory Co	 I hereby c indicated of the cor changed, 	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that powered to execute this repor , with all other like empowered	my signa t as requi	iture shall have t ired by Chapter	he same legal effec 607, Florida Statute	et as if made under of s; and that my name	ath: that I am -	an omcer	or director	