
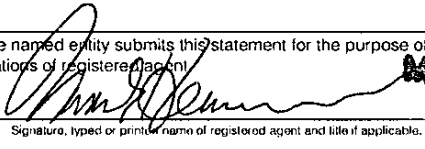



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90053 018 ***150.00

DOCUMENT # 846938 1. Entity Name AMERICAN AMBASSADOR CASUALTY COMPANY					
Principal Place of Business 1100 ARLINGTON HEIGHTS RD STE 300 ITASCA, IL 60143-3104			Mailing Address 62 MAPLE AVENUE KEENE, NH 03431		
2. Principal Place of Business 3333 Warrenville Road			3. Mailing Address Suite, Apt. #, etc. City & State Lisle, IL		
Suite, Apt. #, etc. City & State Lisle, IL			Suite, Apt. #, etc. City & State Lisle, IL		
Zip 60532		Country USA		4. FEI Number 36-2678778	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINQNCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  MARK HENNESSEY VICE PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE: 2/24/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO <input type="checkbox"/> Delete NAME KIRSCHNER, KEVIN J STREET ADDRESS 350 E 96TH ST CITY-ST-ZIP INDIANAPOLIS, IN 46240	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE VP <input type="checkbox"/> Delete NAME OSTROW, GARY J STREET ADDRESS 175 BERKERLY ST. CITY-ST-ZIP BOSTON, MA 02117	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T <input type="checkbox"/> Delete NAME POWELL, STEPHEN D STREET ADDRESS 13 RIVERSIDE RD., BLDG 2 CITY-ST-ZIP WESTON, MA 02493	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE SV <input checked="" type="checkbox"/> Delete NAME DIRUSSO, MICHAEL J STREET ADDRESS 62 MAPLE AVENUE CITY-ST-ZIP KEENE, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP <input type="checkbox"/> Delete NAME OSTROW, GARY J STREET ADDRESS 175 BERKERLY ST. CITY-ST-ZIP BOSTON, MA 02117	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE VP <input type="checkbox"/> Delete NAME OSTROW, GARY J STREET ADDRESS 175 BERKERLY ST. CITY-ST-ZIP BOSTON, MA 02117	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V <input type="checkbox"/> Delete NAME FONTANES, A A STREET ADDRESS 175 BERKLEY ST CITY-ST-ZIP BOSTON, MA 02117	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE V <input type="checkbox"/> Delete NAME FONTANES, A A STREET ADDRESS 175 BERKLEY ST CITY-ST-ZIP BOSTON, MA 02117	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  Kenneth P. Blackwood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		