

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90487 004 ***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
PO BOX 6070
INDIANAPOLIS IN 46206-6070

2. Principal Place of Business

3. Mailing Address

62 Maple Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Keene, NH

Zip

Country

Zip

Country

03431

US

4. FEI Number

36-2678778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ROBINSON, JOHN C
STREET ADDRESS 350 E 96TH ST
CITY-ST-ZIP INDIANAPOLIS IN 46240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME POWELL, STEPHEN D
STREET ADDRESS 62 MAPLE AVENUE
CITY-ST-ZIP KEENE NH 03431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV ☒ Delete
NAME TAYLOR, JANE F
STREET ADDRESS 62 MAPLE AVE
CITY-ST-ZIP KEENE NH 03431

TITLE SV ☒ Change ☐ Addition
NAME Michael J. DiRusso
STREET ADDRESS 62 Maple Avenue
CITY-ST-ZIP Keene, NH 03431

TITLE V ☐ Delete
NAME FIEBRINK, MARK E
STREET ADDRESS 62 MAPLE AVE
CITY-ST-ZIP KEENE NH 03431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME JOHNSON, FORREST H
STREET ADDRESS 62 MAPLE AVE
CITY-ST-ZIP KEENE NH 03431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FONTANES, A A
STREET ADDRESS 175 BERKLEY ST
CITY-ST-ZIP BOSTON MA 02117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Stephen D. Powell* **Stephen D. Powell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

(603) 352-3221

Daytime Phone #

CR2E034 (10/02)