

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 025 ***150.00

DOCUMENT # 852519

1. Corporation Name

GLOBE AMERICAN CASUALTY COMPANY

Principal Place of Business

11611 N MERIDIAN ST
STE 600
CARMEL IN 46032
US

Mailing Address

1611 N MERIDIAN ST
STE 600
CARMEL IN 46032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1982

4. FEI Number

31-4386540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HASKOWITZ, HOWARD

STREET ADDRESS 61 BROADWAY

CITY-ST-ZIP NEW YORK NY

TITLE SV ☐ DELETE

NAME ELLIPT S OROL

STREET ADDRESS 61 BROADWAY 33RD FLOOR

CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME JEFFREY ALAN KIRK

STREET ADDRESS 11611 N MERIDIAN ST STE 600

CITY-ST-ZIP CARMEL IN

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

BALLARD, EUGENE

61 BROADWAY

NEW YORK NY 10006

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DP

JEAN, ROGER

62 MAPLE AVE

KEENE NH 03431

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

YERRILL, VICTOR

61 BROADWAY

NEW YORK NY 10006

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DV

ZARANDONA, JOSEPH

61 BROADWAY

NEW YORK NY 10006

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

V

FIEBRINK, MARK

62 MAPLE AVE

KEENE NH 03431

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

VARDARO, JOSEPH

61 BROADWAY

NEW YORK NY 10006

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(317) 816-3400

Daytime Phone #

CR2E034 (11/98)

852519
401264-901382

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE - V ADDITION
NAME - BUDDE, MARK
STREET ADDRESS - 11611 N MERIDIAN ST SUITE 600
CITY-ST-ZIP - CARMEL IN 46032

TITLE - VT
NAME - TRACEY, JOSEPH ADDITION
STREET ADDRESS - 62 MAPLE AVE
CITY-ST-ZIP - KEENE NH 03431

TITLE - AS - ADDITION
NAME - TAYLOR, JANE
STREET ADDRESS - 62 MAPLE AVE
CITY-ST-ZIP - KEENE NH 03413