

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852519

1. Entity Name

GLOBE AMERICAN CASUALTY COMPANY

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90006 049 \*\*\*150.00

Principal Place of Business

Mailing Address

1611 N MERIDIAN ST  
STE 600  
CARMEL IN 46032

1611 N MERIDIAN ST  
STE 600  
CARMEL IN 46032  
US

00039702

2. Principal Place of Business

3. Mailing Address

350 E. 96TH ST.

P.O. BOX 6070

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

INDIANAPOLIS, IN

City & State

INDIANAPOLIS, IN

4. FEI Number

31-4386540

Applied For

Not Applicable

Zip

46240

Country

US

Zip

46206-6070

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
CAPITOL BLDG.  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HASKOWITZ, HOWARD 61 BROADWAY NEW YORK NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUDDE, MARK R. 350 E. 96TH ST. INDIANAPOLIS, IN 46240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ELLIPT S OROL 61 BROADWAY 33RD FLOOR NEW YORK NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV TAYLOR, JANE F. 62 MAPLE AVE. KEENE, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, EUGENE 61 BROADWAY NEW YORK NY 10006	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV TRACEY, JOSEPH P. 62 MAPLE AVE. KEENE, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEAN, ROGER 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN, ROGER 62 MAPLE AVE. KEENE, NH 03431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YERRILL, VICTOR 61 BROADWAY NEW YORK NY 10006	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIEBRINK, MARK E. 62 MAPLE AVE. KEENE, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZARANDONA, JOSEPH 61 BROADWAY NEW YORK NY 10006	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, FORREST H. 62 MAPLE AVE. KEENE, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Mark R. Budde* (Signature)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

(317) 816-3400

Date

Daytime Phone #

CR2E034 (9/99)

#852519

D0039702

ADDITIONS/CHANGES TO OFFICERS & DIRECTORS

V ADDITION  
FONTANES, A. ALEX  
175 BERKELEY ST.  
BOSTON, MA 02117

V ADDITION  
KIRK, JEFFREY A.  
350 E. 96TH ST.  
INDIANAPOLIS, IN 46240

~~V ADDITION~~  
HEALY, JUSTIN  
62 MAPLE AVE.  
KEENE, NH 03431

D ADDITION  
LANGWELL, DENNIS J.  
175 BERKELEY ST.  
BOSTON, MA 02117

D ADDITION  
WILLIAMS, ELLIOT J.  
175 BERKELEY ST.  
BOSTON, MA 02117

D ADDITION  
CONDRIN, J PAUL III  
175 BERKELEY ST.  
BOSTON, MA 02117

D ADDITION  
MANSFIELD, CHRISTOPHER C.  
175 BERKELEY ST.  
BOSTON, MA 02117

D ADDITION  
SWEENEY, TIMOTHY M.  
175 BERKELEY ST.  
BOSTON, MA 02117