

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852519

1. Entity Name

GLOBE AMERICAN CASUALTY COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90066 013 ***150.00

Principal Place of Business

Mailing Address

350 E. 96TH ST
INDIANAPOLIS IN 46240
US

P O BOX6070
INDIANAPOLIS IN 46206-6070
US

2. Principal Place of Business

6281 TRI-RIDGE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOVELAND, OH

City & State

4. FEI Number

31-4386540

Applied For:

Not Applicable

Zip

45140

Country

US

Zip

Country

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

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, 2001 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 BUDDE, MARK R 350 E 96TH ST. INDIANAPOLIS IN 46240	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV TRACEY, JOSEPH P 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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIEBRINK, MARK E 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, FORREST H 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, JOHN C. 350 E. 96TH ST. INDIANAPOLIS, IN 46240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURTON, GARY L. 350 E. 96TH ST. INDIANAPOLIS, IN 46240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEALY, JUSTIN D. 62 MAPLE AVE. KEENE, NH 03431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERSCH, WILLIAM G. 175 BERKELEY ST. BOSTON, MA 02117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEDDY, AMY J. 175 BERKELEY ST. BOSTON, MA 02117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUZICKA, CHARLES B. 6281 TRI-RIDGE BLVD. LOVELAND, OH 45140	<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

JOHN C. ROBINSON

4/11/2001

(317) 816-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

DOCUMENT
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OFFICERS & DIRECTORS (CONTINUED)

TITLE - V ADDITION
NAME - OSTROW, GARY J.
ADDRESS - 175 BERKELEY ST.
CITY,ST,ZIP - BOSTON, MA 02117

TITLE - V ADDITION
NAME - CHARLES F. FELLOWS
ADDRESS - 350 E. 96TH ST.
CITY,ST,ZIP - INDIANAPOLIS, IN 46240

TITLE - V ADDITION
NAME - FONTANES, A. ALEX
ADDRESS - 175 BERKELEY ST.
CITY,ST,ZIP - BOSTON, MA 02117

TITLE - V ADDITION
NAME - FALLON, HONORE J.
ADDRESS - 175 BERKELEY ST.
CITY,ST,ZIP - BOSTON, MA 02117

TITLE - D ADDITION
NAME - LANGWELL, DENNIS J.
ADDRESS - 175 BERKELEY ST.
CITY,ST,ZIP - BOSTON, MA 02117

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