

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90029 009 \*\*\*150.00

**DOCUMENT # F06000002367**

1. Entity Name  
**AMERICAN CONTINENTAL INSURANCE COMPANY**



Principal Place of Business  
**101 CONTINENTAL PLACE  
BRENTWOOD, TN 37027**

Mailing Address  
**P.O. BOX 2368  
BRENTWOOD, TN 37024-2368**

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2901054**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. OLSON, CHRISTOPHER M 101 CONTINENTAL PLACE BRENTWOOD, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO STEWART, BRIAN C 101 CONTINENTAL PLACE BRENTWOOD, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, General Counsel Steven L. Hendrich 101 Continental Place Brentwood, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Steven L. Hendrich* **Steven L. Hendrich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 9, 2008 615-312-8882**

Date

Daytime Phone #