

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002367

FILED  
Jun 29, 2010  
Secretary of State

**Entity Name:** AMERICAN CONTINENTAL INSURANCE COMPANY

**Current Principal Place of Business:**

101 CONTINENTAL PLACE  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2368  
BRENTWOOD, TN 370242368

**New Mailing Address:**

101 CONTINENTAL PLACE  
BRENTWOOD, TN 37027

**FEI Number:** 20-2901054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OLSON, CHRISTOPHER M  
Address: 101 CONTINENTAL PLACE  
City-St-Zip: BRENTWOOD, TN 37027

Title: CFO  
Name: JONES, STEPHEN B  
Address: 101 CONTINENTAL PLACE  
City-St-Zip: BRENTWOOD, TN 37027

Title: S/GC  
Name: HENDRICH, STEVEN L  
Address: 101 CONTINENTAL PLACE  
City-St-Zip: BRENTWOOD, TN 37027

Title: T  
Name: PRIZZIA, GARY T  
Address: 6620 W BROAD ST  
City-St-Zip: RICHMOND, VA 23230

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THERESA A. MYERS

AS

06/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date