

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005638

1. Entity Name

AMERICAN TRAVELERS ASSURANCE COMPANY

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90062 043 ***150.00

Principal Place of Business

Mailing Address

5700 WESTOWN PKWY
WEST DES MOINES IA 50266-8221
US

5700 WESTOWN PKWY
W DES MOINES IA 50266-8221
US

1 0 4 0 0 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1211565

Applied For

Not Applicable

Zip

Country

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
200 EAST GAINES STREET, LARSON BLDG
TALLAHASSEE FL 32399-0300

Name

IA

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
PC
WALLACE, JAMES D
5700 WESTOWN PKWY
W DES MOINES IA 50266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
GERST, BONNIE T
5700 WESTOWN PKWY
W DES MOINES IA 50266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOUSLOG, JOHN M
5700 WESTOWN PKWY
W DES MOINES IA 50266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
RUNYAN, JOHN E
5700 WESTOWN PKWY
W DES MOINES IA 50266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOCK, FREDERICK H
820 KEOSAUQUA WAY
DES MOINES IA 50309-1575 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5700 Westtown Parkway
West Des Moines, IA 50266-8221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANSON, LEROY J
820 KEOSAUQUA WAY
DES MOINES IA 50309-1575 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5700 Westtown Parkway
West Des Moines, IA 50266-8221

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:

Bonnie T. Gerst
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie T. Gerst, VP 1-12-00

Date

515-221-0101

Daytime Phone #

CR2F034 (9/99)