

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P02424

1. Corporation Name

GREAT AMERICAN-SOUTH, INC.

Principal Place	of Business	Mailing Address							
580 WALNUT S		C/O THOMAS E. MISCHELL			ļ				
CINCINNATI OH 45202		ONE EAST FOURTH STREET. SUITE 800 CINCINNATI OH 45202		i	DO NOT WRITE IN THIS SPACE				
		OHIOHHATT OTT TOZOZ				3. Date Incorporated	·		
					}	06/15/1984			\
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				31-10707 <u>12</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	•	5 Additional
22		27							Required
City & State	9	City & State				6. Election Campaign	- ! !		00 May Be ed to Fees
Zip	Country	Zip	Countr		\longrightarrow	Trust Fund Contribution over 8. This corporation over 8.			ed to rees
	25	29 30		y		Personal Property	-	Yes	⊠No
24	9. Name and Address of Current					10. Name and Addres		Agent	
	· · · · · · · · · · · · · · · · · · ·		8	1 Nam	ne				
	PORATION SERVICE COMPANY		8:	2 Ctro	at Address	s (P.O. Box Number is i	Vot Accentable)		
	HAYS STREET		0	z Sue	si Audres	S (F.O. BOX NUMBER IS	voi Acceptable)		
TALL	AHASSEE FL 32301-2525		8:	3					
			8-	4 City				85 Z	ip Code
			1	-			FL	-	·
11. Pursuant	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida Statutes,	he abo	ve-name	ad corpora	ation submits this staten	nent for the purpose of	changing	its registered registered
office or re agent. I as	agistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	s.	iporadon.	s board or directors. The	sicely accort the appe		g
SIGNATURE				_			DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		istered Ag	ent signatu	re required w	hen reinstating) ADDITIONS/CHANG	GES TO OFFICERS A	ND DIREC	CTORS IN 12
12.	P .	DELETE	1.1 TITLE		\neg	NBB/HOHO/O/WATE		X Chan	
NAME	FUJII, MICHAEL P		1.2 NAME					_	-
STREET ADDRESS	5750 WILSHIRE BLVD SUITE	1360		ET ADDRÉ:	ss 801	So. Figueroa S	treet Ste 700		
CITY-ST-ZIP	LOS ANGELES CA 90036		1.4 CITY-			Angeles CA 900			
TITLE	CD	☐ DELETE	2.1 TITLE	_				(X) Chang	ge
NAME	WOODS, KENNETH W		2.2 NAME						•
STREET ADDRESS	5750 WILSHIRE BLVD, SUITE 36	60	2.3 STRE	ET ADDRES	ss 80 1	l So. Figueroa S	treet Ste 700		
CITY-ST-ZIP	LOS ANGELES CA 90036		2. 4 CITY	-ST-ZIP	1	Angeles CA_900			
TITLE	VTD	☐ DELETE	3.1 TITLE					Chan	ge 🔲 Addition
NAME	amory, Robert F.		3.2 NAME						
STREET ADDRESS	580 WALNUT ST.		3.3 STRE	ET ADORE	ss				
CITY-ST-ZIP	CINCINNATI OH 45202		3.4. CITY-	ST-ZIP					
TITLE	VSD	☐ DELETE	4.1 TITLE					Chan	ge
NAME	HORRELL, KAREN H.		4. 2 NAMI	E					
STREET ADDRESS	580 WALNUT ST.			ET ADDRE	ss				
CITY-ST-ZIP	CINCINNATI OH 45202		4 4 CITY-	_	+-			D Che-	go Dáditico
TITLE	AS SOUME O	☐ DELETE	5.1 TITLE					☐ Chan	ge 🗌 Addition '
NAME	HAYES, RONALD C.		5.2 NAME						
STREET ADDRESS	580 WALNUT ST			ET ADDRE	30				
CITY-ST-ZIP	CINCINNATI OH 45202		5.4 C/TY-	51-DP	1				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

AS

ROSEN, EVE CUTLER

CINCINNATI OH 45202

580 WALNUT ST

STREET ADDRESS

CITY-ST-ZIP

NAME

Thomas [E. Mischell
Assistant Treasurer
FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETË

(513) 579-2171

Change

☐ Addition

May 11, 1999 8:00 am Secretary of State

05-11-1999 90032 041 ***150.00

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544923-90032-41 702424

AMERICAN CUSTOM INSURANCE SERVICES, INC. OFFICERS AND DIRECTORS DOCUMENT # P02424

OPFICE	NAME	ADDRESS
Vice President	Marion S. Chappel	801 So. Figueroa Street, Suite 700, Los Angeles, CA 90017
Controller	Michael Y. Saiki	801 So. Figueroa Street, Suite 700, Los Angeles, CA 90017
Director	Donald D. Larson	580 Walnut Street, Cincinnati, OH 45202
Assistant Treasurer	Thomas E. Mischell	One East Fourth Street, Cincinnati, OH 45202
Assistant Treasurer	Fred J. Runk	One East Fourth Street, Cincinnati, OH 45202