

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16971

Entity Name

AMERICAN INSURANCE COMPANY OF TEXAS

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90149 011 ***150.00

Principal Place of Business
 110 W 7TH ST
 STE 300
 FORT WORTH TX 76102

Mailing Address
 110 W 7TH ST
 STE 300
 FORT WORTH TX 76102-7025
 US

00080300



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1302312

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

FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399-0300

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD MITCHELL, PATRICK J 110 W. 7TH ST. SUITE 300 FT. WORTH TX 76102	<input type="checkbox"/> Delete
SVD O'NEILL, PATRICK H 110 W. 7TH ST. SUITE 300 FT. WORTH TX 76102	<input type="checkbox"/> Delete
TV BUCHANAN, KELLEY L 110 W. 7TH ST. SUITE 300 FT. WORTH TX 76102	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO & Treasurer Cynthia B. Koenig 110 W. 7th Street, Suite 300 Fort Worth, TX 76102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Patrick J. Mitchell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

(817) 878-3300
 Daytime Phone #

FORM E034 (9/99)