

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90001 011 ***550.00

0145755 SP

DOCUMENT # P20372

1. Entity Name

AMERICAN HORIZON INSURANCE COMPANY

Principal Place of Business

**75 TRI-STATE INTERNATIONAL
 SUITE 222
 LINCOLNSHIRE IL 60069
 US**

Mailing Address

**75 TRI-STATE INTERNATIONAL
 SUITE 222
 LINCOLNSHIRE IL 60069
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0551676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **PCD** ☐ Delete
 NAME **TIBBITTS, RAYMOND W JR**
 STREET ADDRESS **75 TRI-STATE INT'L OFFICE CTR, STE 222**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **VD** ☐ Delete
 NAME **MUSGRAVE, CRAIG G**
 STREET ADDRESS **75 TRI-STATE INT'L OFFICE CTR, STE 222**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **VD** ☐ Delete
 NAME **CARTER, SCOTT**
 STREET ADDRESS **75 TRI-STATE INT'L OFFICE CTR, STE 222**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **SD** ☐ Delete
 NAME **RESNICK, MYRON J**
 STREET ADDRESS **75 TRI-STATE INT'L OFFICE CTR, STE 222**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE **VTD** ☐ Delete
 NAME **POLACHEK, PAUL V**
 STREET ADDRESS **75 TRI-STAR INT'L OFFICE CT STE 222**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **75 TRI-STATE INT'L OFFICE CTR, STE 222**
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **ROBINSON, JEFFREY A.**
 STREET ADDRESS **75 TRI-STATE INT'L OFFICE CTR, STE 222**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

Date

847 2369230

Daytime Phone #

CR2E034 (5/01)



AMERICAN HORIZON®
AMERICAN HORIZON INSURANCE COMPANY

130060190

Uniform Business Report (UBR)

Block 12 Additional Separate Sheet

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Elkins, David M. 75 Tri-State Int'l Office Ctr, Suite 222 Lincolnshire, IL 60069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rybak, Michael 75 Tri-State Int'l Office Ctr, Suite 222 Lincolnshire, IL 60069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tewksbury, Thomas W. 775 Elmwood Drive Wheaton, IL 60187-1410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition