

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90465 014 ***150.00

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**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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 \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **TIBBITTS, RAYMOND W JR**
 CITY-ST-ZIP **75 TRI-STATE INT'L OFFICE CTR, STE 222
 LINCOLNSHIRE IL 60069**

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

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

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

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

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

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

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
MYRON J. RESNICK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 847-236 9230
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

864995

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Uniform Business Report (UBR)

Block 12 Additional Separate Sheet

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Patrick D. Kennedy 75 Tri-State Intern'l Office Center, Suite 222 Lincolnshire, IL 60069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas W. Tewksbury 75 Tri-State Intern'l Office Center, Suite 222 Lincolnshire, IL 60069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John R. Coles 75 Tri-State Intern'l Office Center, Suite 222 Lincolnshire, IL 60069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition