FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P21332

(2)

	EL AMERICAN INSURANCE C	OMPANY Mailing Address						
4401 WATERFRONT PLACE GLEN ALLEN VA 23060 US SHAND MORAHAN PLAZA EVANSTON IL 60201								
					3. Date Incorporated or Qualific 10/18/1988		Date of Last R /27/1996	eport
<u>'</u>	l Place of Business	2a. Mailing Address			4. FEI Number	t		plied For
21 Sude A	ot. #. etc	26			54-1398877			t Applicable
22]	n. #, 600	27 Stille, Apt. #, 810.			5. Certificate of Status Desired		\$8,75 / Fee Re	
City & St	tate	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip		ountry	8. This corporation has liability			. 199.032,
24	25 9. Name and Address of Currer	29	30	·	Florida Statutes 10. Name and Address of New	Yes Parietered		
F) (ORIDA INSURANCE COMMISSION			81 Name		rogisiolo	a Algeire	
	E CAPITOL	– 11		92 Swoot	Address (P.O. Box Number is Not Accep	and		
	LLAHASSEE FL 32399-0300			02 3000	Address (P.O. Box Number is Not Accep	itadiej		
				83				
				84 City	······································	FI	85 Zip (Code
11 Pursual	nt to the provisions of Sections 607 050	12 and 607 1508 Florida Si	atutes the	above-named	Corporation submits this statement for th			e registered
		of Florida. Such change vations of, Section 607.0506	vas authoriz 5, Florida St	ed by the cor atutes.	l corporation submits this statement for the poration's board of directors, I hereby ac	cept the ap	opointment as	registered
SIGNATUR	5 grature typed or printed name of registered agr	ent and little if applicable	(NOTE: Register	red Agent signature	e required when reinstating)	DATE		
12.		D DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DVC	DELETE	- I "	TITLE	T		Change	Addition
NAME Cross Appropri	MARKEL, ANTHONY F. 9712 OLD COUNTRY TRACE		•	NAME	Podraza, Thomas D.			
STREET ADDRES	RICHMOND VA		ſ	STREET ADORESS	10833 Millington La Richmond, VA	7116		
THE	S	☐ DELETE		City-St-ZIP Title	RICHMONG, VA		Change	Addition
NAME	PHOEBUS, EDGAR W.		1 -	NAME				
STREET ADDRES	SS 229 CEDARWOOD COURT		23	STREET ADDRESS	J			
CHY-SI-7IP	PALATINE IL		2.4	CITY-ST-ZIP	<u> </u>			
TITLE	VCD	DELETE	3.1	TITLE			☐ Change	Addition
NAME	MARKEL, STEVEN A.		3.2	NAME	1			
STREET ACIDRES	SS 217 CULPEPER RD. RICHMOND VA			STREET ADDRESS	}			
CITY - ST - ZIP	CD KICHMONU VA	T Decete		CITY-ST-ZIP			T) Ohana	1 1 1 1 1 1 1 1
TITLE	KIRSHNER, ALAN 1.	DELETE	1	TITLE			Change	Addition
NAME CITICLE ATHROPES	DOLLTE I BOY TOLK		1	NAME				
STREET ADDRES	MONTPELIER VA			STREET ADDRESS CITY-ST-ZIP				
10116	AS	☐ DELETE		TITLE		·	Change	Addition
NAME	FRANCIS, PAULA A.			NAME	(• •	
STREET ACIDRES			- 1	STREET ADDRESS				
City - St - 7JP	PARK RIDGE IL			CITY-ST-ZIP				
THEF	PD	DELETE	6.1	TITLE			Change	Addition
NAME	RICKEY, MARK J.		6.2	NAME	1			
STREET ADORES			63	STREET ADDRESS	Ĺ			
CITY - ST- ZIP	GLEN ALLEN VA		6.4	CITY-ST-ZIP				

SIGNATURE:

SKINN UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECURRED Edgar W. Phoebus

14. I do hereby certify that the information supplied with this filling 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 it made under cath; that tam 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 or an attachment with an address.

3/24/97 847-866-0725

FILED

Apr 10 1997 8:00am

Secretary of State

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