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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21332** **(2)**

1. Corporation Name
MARKEL AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
4401 WATERFRONT PLACE GLEN ALLEN VA 23060 US	SHAND MORAHAN PLAZA EVANSTON IL 60201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1988**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **54-1398877** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	MARKEL, ANTHONY F.		1.2 NAME	Anthony F. Markel	
STREET ADDRESS	9712 OLD COUNTRY TRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	AS	☒ Change ☐ Addition
NAME	PHOEBUS, EDGAR W.		2.2 NAME	Edgar W. Phoebus	
STREET ADDRESS	229 CEDARWOOD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL		2.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	MARKEL, STEVEN A.		3.2 NAME	Gregory B. Nevers	
STREET ADDRESS	217 CULPEPER RD.		3.3 STREET ADDRESS	11007 Harvard Ct.	
CITY-ST-ZIP	RICHMOND VA		3.4 CITY-ST-ZIP	Glen Allen, VA	
TITLE	CD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	KIRSHNER, ALAN I.		4.2 NAME	Alan I. Kirshner	
STREET ADDRESS	ROUTE 1, BOX 1045		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTPELIER VA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	FRANCIS, PAULA A.		5.2 NAME	Paula A. Francis	
STREET ADDRESS	1122 S PEARLE		5.3 STREET ADDRESS	1122 S. Peale	
CITY-ST-ZIP	PARK RIDGE IL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	CTD	☐ Change ☒ Addition
NAME	RICKEY, MARK J.		6.2 NAME	Thomas D. Podraza	
STREET ADDRESS	10809 CHERRY HILL DIRVE		6.3 STREET ADDRESS	10833 Millington Lane	
CITY-ST-ZIP	GLEN ALLEN VA		6.4 CITY-ST-ZIP	Richmond, VA	

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.

SIGNATURE: _____ Edgar W. Phoebus 3/30/98 847-966-2750

CR2E034 (10/97)