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

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 26, 1999 8:00 am**
**Secretary of State**
04-26-1999 90060 006 ***150.00

DOCUMENT # P21332

1. Corporation Name
MARKEL AMERICAN INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/18/1988

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**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 | C | ☐ DELETE | 1.1 TITLE | Chairman/Director | ☒ Change ☐ Addition |
| NAME | MARKEL, ANTHONY F. | | 1.2 NAME | | |
| STREET ADDRESS | 9712 OLD COUNTRY TRACE | | 1.3 STREET ADDRESS | 568 Ice Pond Cove | |
| CITY-ST-ZIP | RICHMOND VA | | 1.4 CITY-ST-ZIP | Manakin-Sabot, VA 23103 | |
| TITLE | AS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PHOEBUS, EDGAR W. | | 2.2 NAME | | |
| 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 | | ☐ Change ☐ Addition |
| NAME | MARKEL, STEVEN A. | | 3.2 NAME | | |
| STREET ADDRESS | 217 CULPEPER RD. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | RICHMOND VA | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KIRSHNER, ALAN I. | | 4.2 NAME | | |
| 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 | | |
| STREET ADDRESS | 1122 S PEARLE | | 5.3 STREET ADDRESS | 1122 S. Peale Avenue | |
| CITY-ST-ZIP | PARK RIDGE IL | | 5.4 CITY-ST-ZIP | | |
| TITLE | PD | ☒ DELETE | 6.1 TITLE | President/COO | ☒ Change ☐ Addition |
| NAME | RICKEY, MARK J. | | 6.2 NAME | Britton L. Glisson | |
| STREET ADDRESS | 10809 CHERRY HILL DIRVE | | 6.3 STREET ADDRESS | 15150 Blunts Bridge Road | |
| CITY-ST-ZIP | GLEN ALLEN VA | | 6.4 CITY-ST-ZIP | Doswell, VA 23047 | |

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, with all other like empowered.

**SIGNATURE:** Britt SIGNATURE REQUIRED 3-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/1/98)