2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # P21332** 1. Entity Name MARKEL AMERICAN INSURANCE COMPANY 02-01-2001 90166 018 ***150.00 Principal Place of Business Mailing Address 4401 WATERFRONT PLACE 4521 HIGHWOODS PKWY GLEN ALLEN VA 23060 GLEN ALLEN VA 23060 2. Principal Place of Business 3. Mailing Address 4600 Cox Road 4521 Highwoods Pwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Statutory Accounting City & State City & State 4. FEI Number Applied For 54-1398877 Glen Allen, VA Not Applicable <u>Glen Allen. VA</u> Zip Country \$8.75 Additional 23060 5. Certificate of Status Desired 23060 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32399-0300 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE ☐ Delete TITLE ☐ Addition Change NAME MARKEL, ANTHONY F. NAME STREET ADDRESS 568 ICE POND COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANAKIN-SABOT VA 23103 TITLE Delete Change TITLE ☐ Addition NAME PHOEBUS, EDGAR W. NAME STREET ADDRESS STREET ADDRESS 229 CEDARWOOD COURT CITY-ST-ZIP CITY-ST-7IP PALATINE IL TITLE VCD ☐ Change Delete TITLE ☐ Addition NAME MARKEL, STEVEN A. NAME STREET ADDRESS 217 CULPEPER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA TITLE ☐ Delete TITLE Change ☐ Addition NAME Kirshner. Alan I. NAME STREET ADDRESS 17483 OLD RIDGE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MONTPELIER VA 23192 TITLE AS ☐ Delete TITI F ☐ Change ☐ Addition FRANCIS, PAULA A. NAME NAME STREET ADDRESS 1122 S. PEALE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE IL TITLE PC00 ■ Delete Change TITLE PD ☐ Addition NAME GLISSON, BRITTON L NAME GROVE, TIMBERLEE T STREET ADDRESS 15150 BLUNTS BRIDGE ROAD STREET ADDRESS W289-56644 HOLIDAY ROAD CITY-ST-ZIP DOSWELL VA 23047 CITY-ST-7IP WALKESHA WT 53189 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.

MARKEL AMERICAN INSURANCE COMPANY

DOC# P21332 B014683

DIRECTORS

Steven Andrew Markel Alan Irving Kirshner **Anthony Foster Market** Darrell Dean Martin **Gregory Brian Nevers** Britton Lee Glisson Timberlee Tamraz Grove Paul William Springman

OFFICERS

Anthony Foster Markel Steven Andrew Markel Timberlee Tamraz Grove Britton Lee Glisson Rosemary DeCamp Matilda Rhame Golod Susan Colleen Bredemann Anne Galbraith Waleski **Gregory Brian Nevers** Myra Ingram Hey Edgar Wilson Phoebus Paula Alexandra Francis

Chairman Vice Chairman President Vice President Assistant Vice President Vice President Controller and Treasurer Assistant Treasurer Secretary **Assistant Secretary Assistant Secretary** Assistant Secretary