

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90174 005 ***150.00

0620862 AT

DOCUMENT # P21332

1. Entity Name

MARKEL AMERICAN INSURANCE COMPANY

Principal Place of Business

**4521 HIGHWOODS PKWY
 GLEN ALLEN VA 23060
 US**

Mailing Address

**4600 COX ROAD
 STATUTORY ACCOUNTING
 GLEN ALLEN VA 23060**

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

54-1398877

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 32399-0300**

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 **CD** ☐ Delete
 NAME **MARKEL, ANTHONY F.**
 STREET ADDRESS **568 ICE POND COVE**
 CITY-ST-ZIP **MANAKIN-SABOT VA 23103**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Glisson, Britton L.**
 STREET ADDRESS **4600 Cox Road**
 CITY-ST-ZIP **Glen Allen, Virginia 23060**

TITLE **AS** ☐ Delete
 NAME **PHOEBUS, EDGAR W.**
 STREET ADDRESS **229 CEDARWOOD COURT**
 CITY-ST-ZIP **PALATINE IL 60067**

TITLE **T** ☐ Change ☒ Addition
 NAME **Waleski, Anne G.**
 STREET ADDRESS **4521 Highwoods Parkway**
 CITY-ST-ZIP **Glen Allen, Virginia 23060**

TITLE **VCD** ☐ Delete
 NAME **MARKEL, STEVEN A.**
 STREET ADDRESS **217 CULPEPER RD.**
 CITY-ST-ZIP **RICHMOND VA**

TITLE **Controller** ☐ Change ☒ Addition
 NAME **Clayton, David A.**
 STREET ADDRESS **N14 W23833 Stone Ridge Drive**
 CITY-ST-ZIP **Waukesha, WI 53188**

TITLE **D** ☐ Delete
 NAME **KIRSHNER, ALAN I.**
 STREET ADDRESS **17483 OLD RIDGE ROAD**
 CITY-ST-ZIP **MONTPELIER VA 23192**

TITLE **S** ☐ Change ☒ Addition
 NAME **Nevers, Gregory B.**
 STREET ADDRESS **4521 Highwoods Parkway**
 CITY-ST-ZIP **Glen Allen, Virginia 23060**

TITLE **AS** ☐ Delete
 NAME **FRANCIS, PAULA A.**
 STREET ADDRESS **1122 S. PEALE AVENUE**
 CITY-ST-ZIP **PARK RIDGE IL 60068**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Golod, Matilda R.**
 STREET ADDRESS **4600 Cox Road**
 CITY-ST-ZIP **Glen Allen, Virginia 23060**

TITLE **PCOO** ☒ Delete
 NAME **GLISSON, BRITTON L**
 STREET ADDRESS **15150 BLUNTS BRIDGE ROAD**
 CITY-ST-ZIP **DOSWELL VA 23047**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Grove, Timberlee T.**
 STREET ADDRESS **N14 W23833 Stone Ridge Drive**
 CITY-ST-ZIP **Waukesha, WI 53188**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

Matilda R. Golod
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2002

Date

(804) 527-7611

Daytime Phone #

CR2E034 (9/01)