

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 003 ***150.00

DOCUMENT # P21332

1. Entity Name
MARKEL AMERICAN INSURANCE COMPANY



Principal Place of Business
**4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060**

Mailing Address
**4600 COX ROAD
STATUTORY ACCOUNTING
GLEN ALLEN, VA 23060**

50026648



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SPRINGMAN, PAUL WILLIAM
94 W SQUARE DR.
RICHMOND, VA 23233**

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GLISSON, BRITTON L
4600 COX RD
GLEN ALLEN, VA 23060**

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with full other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 (804) 527-2700

Date

Daytime Phone #

ATTACHMENT

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MARKEL AMERICAN INSURANCE COMPANY

50026648

DIRECTORS

Annual Meeting May 10, 2004

Steven Andrew Markel
Alan Irving Kirshner
Anthony Foster Markel
Darrell Dean Martin
Timberlee Tamraz Grove
Paul William Springman

OFFICERS

Annual Meeting May 10, 2004

Paul William Springman	Chairman of the Board
Timberlee Tamraz Grove	President
Britton Lee Glisson	Vice President
John William Dwyer	Vice President
Audrey Jeanne Hanken	Vice President
Holly Anne Hoelting	Vice President
Robert Allen Horner	Vice President
Rosemary DeCamp	Assistant Vice President
Diane Rae Lunde	Controller
Anne Galbraith Waleski	Treasurer
Gregory Brian Nevers	Secretary
Thomas Johnson Childress III	Assistant Secretary/Tax Director
Myra Ingram Hey	Assistant Secretary
Edgar Wilson Phoebus	Assistant Secretary
Paula Alexandra Francis	Assistant Secretary