

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

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**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1398877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	COBD SPRINGMAN, PAUL WILLIAM 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GROVE, TIMERLEE T N14 W23800 STONE RIDGE DRIVE WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SRVP DWYER, JOHN W N14 W23800 STONE RIDGE DRIVE WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SRVP HANKEN, AUDREY J N14 W23800 STONE RIDGE PARKWAY WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPC LUNDE, DIANE R N14 W23800 STONE RIDGE DRIVE WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ROTZ, LINDA S 4521 HIGHWOODS PARKWAY 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 exemptions contained in Chapter 119, 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 all other information.

SIGNATURE: **Mary Allen Waller, 2/12/08 804-527-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #