

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21332

FILED
Mar 12, 2009
Secretary of State

Entity Name: MARKEL AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060 US

New Principal Place of Business:

Current Mailing Address:

4600 COX ROAD
STATUTORY ACCOUNTING
GLEN ALLEN, VA 23060

New Mailing Address:

FEI Number: 54-1398877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: SPRINGMAN, PAUL WILLIAM
Address: 4521 HIGHWOODS PARKWAY
City-St-Zip: GLEN ALLEN, VA 23060

Title: P () Delete
Name: GROVE, TIMERLEE T
Address: N14 W23800 STONE RIDGE DRIVE
City-St-Zip: WAUKESHA, WI 53188

Title: SRVP () Delete
Name: DWYER, JOHN W
Address: N14 W23800 STONE RIDGE DRIVE
City-St-Zip: WAUKESHA, WI 53188

Title: SRVP () Delete
Name: HANKEN, AUDREY J
Address: N14 W23800 STONE RIDGE PARKWAY
City-St-Zip: WAUKESHA, WI 53188

Title: VPC () Delete
Name: LUNDE, DIANE R
Address: N14 W23800 STONE RIDGE DRIVE
City-St-Zip: WAUKESHA, WI 53188

Title: S () Delete
Name: ROTZ, LINDA S
Address: 4521 HIGHWOODS PARKWAY
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALLER, MARY ALLEN
Address: 4600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ALLEN WALLER

VP

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date