

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005225

**Entity Name:** AMERICAN BUILDERS INSURANCE COMPANY

**Current Principal Place of Business:**

2859 PACES FERRY RD  
STE 1400  
ATLANTA, GA 30339

**Current Mailing Address:**

P.O. BOX 723099  
ATLANTA, GA 31139

**FEI Number:** 56-1410015

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            CAMPBELL, TODD MICHAEL  
Address        2859 PACES FERRY RD  
                  STE 1400  
City-State-Zip: ATLANTA GA 30339

Title            SVP, D  
Name            GROMEK, MARK  
Address        2859 PACES FERRY RD  
                  STE 1400  
City-State-Zip: ATLANTA GA 30339

Title            TREASURER, CFO  
Name            BURNETT, MATTHEW VAN  
Address        2859 PACES FERRY RD  
                  STE 1400  
City-State-Zip: ATLANTA GA 30339

Title            SECRETARY  
Name            BERRY, JOHN S  
Address        2859 PACES FERRY RD  
                  STE 1400  
City-State-Zip: ATLANTA GA 30339

Title            DIRECTOR, OFFICER  
Name            STINSON, SHAWN ANDREW  
Address        2859 PACES FERRY RD  
                  STE 1400  
City-State-Zip: ATLANTA GA 30339

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN STEPHEN BERRY

**SECRETARY**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date