

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005225

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC8421264166**

**Entity Name:** AMERICAN BUILDERS INSURANCE COMPANY

**Current Principal Place of Business:**

2410 PACES FERRY RD  
STE 300  
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 PD  
Name MITCHELL, PATRICK J  
Address 2410 PACES FERRY RD, STE. 300  
City-State-Zip: ATLANTA GA 30339

Title VD  
Name KRAUSE, GREG R  
Address 2410 PACES FERRY RD STE 300  
City-State-Zip: ATLANTA GA 30339

Title VD  
Name MCMURRAY, LINDA R  
Address 2410 PACES FERRY RD STE. 300  
City-State-Zip: ATLANTA GA 30339

Title CFO & TREASURER  
Name PALIN, GLORIA RENEE  
Address 2410 PACES FERRY RD  
STE 300  
City-State-Zip: ATLANTA GA 30339

Title VS  
Name EDWARDS, CRAIG R  
Address 2410 PACES FERRY ROAD, SUITE 300  
City-State-Zip: ATLANTA GA 30339

Title V  
Name MAUPIN, THOMAS S  
Address 2410 PACES FERRY ROAD, SUITE 300  
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:** CRAIG R EDWARDS

**SVP SECRETARY & GC**

**04/26/2016**

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

\_\_\_\_\_  
Date