

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21332

Entity Name: MARKEL AMERICAN INSURANCE COMPANY**Current Principal Place of Business:**STATUTORY ACCOUNTING
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060**Current Mailing Address:**STATUTORY ACCOUNTING
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060 US**FEI Number:** 54-1398877**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	D
Name	SANDERS, BRYAN W.
Address	4521 HIGHWOODS PARKWAY
City-State-Zip:	GLEN ALLEN VA 23060
Title	SRVP
Name	HANKEN, AUDREY
Address	N14 W23800 STONE RIDGE DRIVE
City-State-Zip:	WAUKESHA WI 53188
Title	C
Name	JAEGER, MICHAEL J
Address	4521 HIGHWOODS PARKWAY
City-State-Zip:	GLEN ALLEN VA 23060
Title	DIRECTOR, VP
Name	RUSSO, ROBIN
Address	STATUTORY ACCOUNTING 4521 HIGHWOODS PARKWAY
City-State-Zip:	GLEN ALLEN VA 23060

Title	PRESIDENT
Name	PARKER, MATTHEW H
Address	2000 CHAPEL VIEW BLVD.
City-State-Zip:	CRANSTON RI 02920
Title	DIRECTOR
Name	NOBLE, JEREMY A
Address	4521 HIGHWOODS PARKWAY
City-State-Zip:	GLEN ALLEN VA 23060
Title	VP, ASSISTANT SECRETARY
Name	GRINNAN, RICHARD R.
Address	4521 HIGHWOODS PARKWAY
City-State-Zip:	GLEN ALLEN VA 23060
Title	DIRECTOR, COB
Name	KISCADEN, BRADLEY J
Address	STATUTORY ACCOUNTING 4521 HIGHWOODS PARKWAY
City-State-Zip:	GLEN ALLEN VA 23060

Continues on page 2

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: MICHAEL J. JAEGER**CONTROLLER****01/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COX, ROBERT C
Address 535 SPRINGFIELD AVENUE
200
City-State-Zip: SUMMIT NJ 07901

Title VP
Name CROUCH, NORA N
Address STATUTORY ACCOUNTING
4521 HIGHWOODS PARKWAY
City-State-Zip: GLEN ALLEN VA 23060

Title VP
Name BACK, DAVID J
Address STATUTORY ACCOUNTING
4521 HIGHWOODS PARKWAY
City-State-Zip: GLEN ALLEN VA 23060

Title SECRETARY
Name STURGEON, KATHLEEN A.
Address TEN PARKWAY NORTH
City-State-Zip: DEERFIELD IL 60015

Title VP, CFO
Name COSTANZO, BRIAN J
Address STATUTORY ACCOUNTING
4521 HIGHWOODS PARKWAY
City-State-Zip: GLEN ALLEN VA 23060

Title TREASURER
Name DUFF, APRIL L
Address STATUTORY ACCOUNTING
4521 HIGHWOODS PARKWAY
City-State-Zip: GLEN ALLEN VA 23060

Title VP
Name CICHON-FENNEY, JOANNE M
Address TEN PARKWAY NORTH
City-State-Zip: DEERFIELD IL 60015