

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0016728 AB

**DOCUMENT # F95000001501**

**1. Entity Name**  
**VICTORIA SELECT INSURANCE COMPANY**

03-14-2002 90035 023 \*\*\*150.00

**Principal Place of Business**  
**5915 LANDERBROOK DR**  
**CLEVELAND OH 44124-4058**  
**US**

**Mailing Address**  
**5915 LANDERBROOK DR**  
**CLEVELAND OH 44124-4058**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **34-1394913**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COMMISSIONER OF INSURANCE**  
**STATE TREASURER'S OFFICE**  
**STATE CAPITOL, PLAZA LEVEL II**  
**TALLAHASSEE FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **MUELLER, ROBERT**  
**STREET ADDRESS** **5915 LANDERBROOK DR**  
**CITY-ST-ZIP** **CLEVELAND OH 44124-4058**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **METZ, JOSEPH**  
**STREET ADDRESS** **5915 LANDERBROOK DR**  
**CITY-ST-ZIP** **CLEVELAND OH 44124-4058**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **ROSSI, ASSUNTA**  
**STREET ADDRESS** **5915 LANDERBROOK DR**  
**CITY-ST-ZIP** **CLEVELAND OH 44124**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **MUELLER, RAY**  
**STREET ADDRESS** **5915 LANDERBROOK DR**  
**CITY-ST-ZIP** **CLEVELAND OH 44124**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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☐ Change ☐ Addition  
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**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/02** **(800) 888-8424 x321**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment  
# F95000001501

Victoria<sup>SM</sup>  
INSURANCE

337028

February 28, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Victoria Select Insurance Company**  
**Document No.: F95000001501**  
**FEI No.: 34-1394913**

Dear Sir or Madam:

Enclosed please find a signed and completed 2002 Uniform Business Report for the above named company. Also enclosed is Check no. 0000001064 in the amount of \$150.00 as payment for the filing fee.

Should you have any questions regarding this matter, please feel free to call me at 440.461.3461, ext. 328.

Very truly yours,

*Donna L. Czerwinski*

Donna L. Czerwinski  
Compliance Specialist

enc.