

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90132 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003923

1. Corporation Name  
 GREAT LAKES INSURANCE COMPANY

481362 - 90132 - 23



Principal Place of Business: 802 DELAWARE AVENUE WILMINGTON DE 19801  
 Mailing Address: 802 DELAWARE AVENUE WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		34-4447823	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> <input checked="" type="checkbox"/> No	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITAL BLDG TALLAHASSEE FL 32399-0300				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOSOVAC, DENNIS R			1.2 NAME	Bedros, Aharonyan		
STREET ADDRESS	99 ROUTE 14			1.3 STREET ADDRESS	1 Gracie Terrace		
CITY-ST-ZIP	HUDSON NY			1.4 CITY-ST-ZIP	New York, NY 10028		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, DAVID J			2.2 NAME			
STREET ADDRESS	2708 TANAGER DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			2.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, RONNE			3.2 NAME			
STREET ADDRESS	345 WEST 88TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLAN JR, RICHARD J			4.2 NAME			
STREET ADDRESS	17 CHILTON ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, JOHN A			5.2 NAME			
STREET ADDRESS	94 ROUTE 612 WALNUT HILL, BOX 422			5.3 STREET ADDRESS			
CITY-ST-ZIP	JOHNSONBURG NJ			5.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETRYLAK, PAUL G			6.2 NAME			
STREET ADDRESS	251 WEST 74TH ST #3B			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

CR2E034 (11/98)