## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 15, 2001 8:00 am Secretary of State DOCUMENT # F99000006550 1. Entity Name 05-15-2001 90199 026 \*\*\*150.00 SENTINEL INSURANCE COMPANY, LTD. Mailing Address Principal Place of Business HARTFORD PLAZA HARTFORD PLAZA U**UU53425**. T-16-85 HARTFORD CT 06115 HARTFORD CT 06115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 06-1552103 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG. TALLAHASSEE FL 32399-000 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition DSVS Change Delete TITLE TITLE MINOR O'HALLORAN, CHARLES MAME NAME STREET ADDRESS HARTFORD PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06115 Addition ☐ Change DP ☐ Delete TITLE TITLE ROBB, DAVID RICHARD NAME NAME STREET ADDRESS HARTFORD PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06115 Addition Change DSVG TITLE Delete TITLE NAME WILDER, MICHEAL S NAME STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06115 ☐ Change Addition TITLE SVC Delete TITLE GIAMALIS, JOHN NICOLAS NAME NAME STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06115 ☐ Change ☐ Addition TITLE Delete GARRETT, JAMES RICHARD NAME NAME STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP CITY-ST-7IP HARTFORD CT 06115 ☐ Change ☐ Addition SVAS TITLE TITLE Delete SALVE, PATRICK JAMES NAME NAME STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06115 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

0) 541 - 3094...
Daytime Phone #

FILED