2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06852

1. Entity Name

ABEILLE GENERAL INSURANCE COMPANY

FILED

00 JUL -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
70 PINE STREET 30TH FLOOR NEW YORK NY 10270 US	70 PINE STREET 30TH FLOOR NEW YORK NY 10270-3099 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-2755310 ☐ Applied For ☐ Not Applicable

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
INSURANCE COMMISSIONER CAPITAL BUILDING TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLAHERTY, THOMAS M 4501 NORTH POINT PARKWAY ALPHARETTA GA 30202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCFATE, CAROL 70 PINE STREET NEW YORK NY 10270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE STREET NEW YORK NY 10270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, EDWARD E 70 PINE STREET NEW YORK NY 10270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIZZIO, THOMAS R 70 PINE STREET NEW YORK NY 10270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SANDLER, ROBERT M 70 PINE STREET NEW YORK NY 10270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003317564--3

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: Elizabeth McPike (212)770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CF 2E(134 (5/99)

2 of 2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 755506 4320171

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:15 PM

ORDER NO. : 755506-045

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
27th Floor
New York, NY 10270

ANNUAL REPORT FILING

NAME: ABEILLE GENERAL INSURANCE COMPANY

RECEIVED
00 JUL -7 PM 4:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: _____