

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90154 025 ***150.00

0063430 AT

DOCUMENT # 805821

1. Entity Name
GULF INSURANCE COMPANY



Principal Place of Business
**4600 FULLER DR.
P.O. BOX 1771
IRVING TX 75038**

Mailing Address
**4600 FULLER DR.
P.O. BOX 1771
IRVING TX 75038**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **43-6028696**

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
CAPITOL BLDG
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPS
BANTIS, SPIRO K
388 GREENWICH ST
NY NY** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
DECARLO, DONALD T.
388 GREENWICH STREET 21SR FLOOR
NEW YORK NY 10013-2396** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sr.VP
GEORGE A. BIANCARDI
125 BROAD ST. 8TH FLOOR
NEW YORK NY 10004** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HARRIS, MICHAEL A
4600 FULLER DR.
IRVING TX 35038** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
ZACHARY, WAYNE REED, JR.
4600 FULLER DR.
IRVING, TX 0** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SR.VP & CONTROLLER
FREDERICK M. TARANSKY
125 BROAD ST. 8TH FL.
NEW YORK NY 10004** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ZIEGLER, KENT W
388 GREENWICH ST 21ST FL
NY NY** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
WATSON, CHRISTOPHER ER
388 GREENWICH STREET, 21ST FLOOR
NEW YORK NY 10013-2396** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Seabolt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

972-650-2800

Daytime Phone #

CR2E034 (10/02)