

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

**FILED**  
**Jul 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 811311 (0)**  
 1. Corporation Name  
**SUN INSURANCE OFFICE OF AMERICA INC.**



Principal Place of Business <b>10 E. 50TH ST.                  27TH FLOOR                  NEW YORK CITY NY 10022</b>	Mailing Address <b>25 INDEPENDENCE BLVD                  27TH FLOOR                  WARREN NJ 07059                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 One Chase Plaza, 38th Floor</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 New York, NY 10005</b> Zip <b>24 10005</b>	2a. Mailing Address <b>26 9300 Arrowpoint Boulevard</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Charlotte, NC 28273</b> Zip <b>29 28273</b>	3. Date Incorporated or Qualified <b>09/17/1956</b>	4. FEI Number <b>13-3635893</b> Applied For Not Applicable
Country <b>25 USA</b>	Country <b>30 USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  THE CAPITOL                  TALLAHASSEE FL 32304</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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11. Pursuant to the provisions of Sections 607.0509 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D NEWELL, ALFORD G., JR.</b>	1.2 NAME	<b>SEE ATTACHED LIST OF OFFICERS AND DIRECTORS</b>
STREET ADDRESS	<b>145 W. 86TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V BARRICK, ROBERT C.</b>	2.2 NAME	
STREET ADDRESS	<b>25 INDEPENDENCE BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVPT MERCLEAN, DAVID B.</b>	3.2 NAME	
STREET ADDRESS	<b>25 INDEPENDENCE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VS EMERY, JOYCE A</b>	4.2 NAME	
STREET ADDRESS	<b>25 INDEPENDENCE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DRYSDALE, KENNETH G. T.</b>	5.2 NAME	
STREET ADDRESS	<b>10 EAST 50TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**300002585823**  
**-07/13/98--01004--010**  
**\*\*\*600.00**

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.

SIGNATURE: *Joyce A. Emery*  
 Joyce A. Emery, General Counsel, VP & Corporate Secretary 3/23/98 704/522-2000

CR2E034 (10/97)

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**Sun Insurance Office of America Inc.  
Directors and Officers  
As of March 31, 1998**

**Title Code:** C  
**Name:** Robert Victor Mendelsohn  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** P,D  
**Name:** Terry Broderick  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D  
**Name:** Andrea Duszenczuk  
**Street Address:** 2351 North Forest Road  
**City, State, Zip:** Getzville, NY 14068-1225

**Title Code:** D,V  
**Name:** Joseph F. Fisher  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D  
**Name:** Thomas Arthur Hayes  
**Street Address:** One Bartholomew Lane  
**City, State, Zip:** London EC2N 2AB  
ENGLAND

**Title Code:** D  
**Name:** V. Michael Kogel  
**Street Address:** Two Jericho Plaza  
**City, State, Zip:** Jericho, NY 11753-0873

**Title Code:** D  
**Name:** David D. Mackintosh  
**Street Address:** 400 W. Division Street  
**City, State, Zip:** Syracuse, NY 13204-1438

**Title Code:** D,V  
**Name:** James David McDonald  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V  
**Name:** James F. Noonan  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V  
**Name:** Larry Gene Simmons  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

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**Title Code:** D,V  
**Name:** Paul H. Stewman  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D  
**Name:** Roger J. Taylor  
**Street Address:** One Bartholomew Lane  
**City, State, Zip:** London EC2N 2AB  
ENGLAND

**Title Code:** D,V,S  
**Name:** Joyce Wethington Wheeler  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** Sean Antony Beatty  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** David Michael Davenport  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V,T  
**Name:** Lawrence W. Gowen  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** Alan Edward Kaliski  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** Elizabeth Jane McLaughlin  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** Assistant Corporate Secretary  
**Name:** Linda Y. Pettigrew  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273