


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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90086 041 \*\*\*150.00

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|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 811311**

1. Corporation Name  
**SUN INSURANCE OFFICE OF AMERICA INC.**



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| Principal Place of Business<br>ONE CHASE PLAZA<br>38TH FLOOR<br>NEW YORK CITY NY 10022 | Mailing Address<br>9300 ARROWPOINT BLVD.<br>CHARLOTTE NC 28273<br>US |
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DO NOT WRITE IN THIS SPACE

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

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|--|--|
| 9. Name and Address of Current Registered Agent<br><br>INSURANCE COMMISSIONER<br>THE CAPITOL<br>TALLAHASSEE FL 32304 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br>C <input type="checkbox"/> DELETE            | NAME<br>MENDELSON, ROBERT VICTOR       | 1.1 TITLE<br>SrV/D                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>9300 ARROWPOINT BLVD.               | CITY-ST-ZIP<br>CHARLOTTE NC 28273      | 1.2 NAME<br>McDonald, James D.                        | 1.3 STREET ADDRESS<br>9300 Arrowpoint Boulevard                              |
| TITLE<br>PD <input type="checkbox"/> DELETE           | NAME<br>BRODERICK, TERRY               | 1.4 CITY-ST-ZIP<br>Charlotte, NC 28273                |  |
| STREET ADDRESS<br>9300 ARROWPOINT BLVD.               | CITY-ST-ZIP<br>CHARLOTTE NC 28273      | 2.1 TITLE<br>SrV/D                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>D <input type="checkbox"/> DELETE            | NAME<br>FISHER, JOSEPH F               | 2.2 NAME<br>Simmons, Larry G.                         | 2.3 STREET ADDRESS<br>9300 Arrowpoint Boulevard                              |
| STREET ADDRESS<br>9300 ARROWPOINT BLVD.               | CITY-ST-ZIP<br>CHARLOTTE NC 28273      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br>D <input type="checkbox"/> DELETE            | NAME<br>DUSZENCZUK, ANDREA             | 3.1 TITLE<br>SrV/D                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>2351 NORTH FOREST ROAD              | CITY-ST-ZIP<br>GETZVILLE NY 14068-1225 | 3.2 NAME<br>Stewman, Paul H.                          | 3.3 STREET ADDRESS<br>9300 Arrowpoint Boulevard                              |
| TITLE<br>D <input checked="" type="checkbox"/> DELETE | NAME<br>HAYES, THOMAS ARTHUR           | 3.4 CITY-ST-ZIP<br>Charlotte, NC 28273                |  |
| STREET ADDRESS<br>ONE BARTHOLOMEW LANE                | CITY-ST-ZIP<br>LONDON, ENGLAND EC2N2AB | 4.1 TITLE<br>VSD                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>D <input type="checkbox"/> DELETE            | NAME<br>KOGEL, V. MICHAEL              | 4.2 NAME<br>Wheeler, Joyce W.                         | 4.3 STREET ADDRESS<br>9300 Arrowpoint Boulevard                              |
| STREET ADDRESS<br>TWO JERICHO PLAZA                   | CITY-ST-ZIP<br>JERICHO NY 11753-0873   | 4.4 CITY-ST-ZIP<br>Charlotte, NC 28273                |  |
| TITLE<br>D <input type="checkbox"/> DELETE            | NAME<br>KOGEL, V. MICHAEL              | 5.1 TITLE<br>TV                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>TWO JERICHO PLAZA                   | CITY-ST-ZIP<br>JERICHO NY 11753-0873   | 5.2 NAME<br>Gowen, Lawrence W.                        | 5.3 STREET ADDRESS<br>9300 Arrowpoint Boulevard                              |
| TITLE<br>D <input type="checkbox"/> DELETE            | NAME<br>KOGEL, V. MICHAEL              | 5.4 CITY-ST-ZIP<br>Charlotte, NC 28273                |  |
| STREET ADDRESS<br>TWO JERICHO PLAZA                   | CITY-ST-ZIP<br>JERICHO NY 11753-0873   | 6.1 TITLE<br>V  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>D <input type="checkbox"/> DELETE            | NAME<br>KOGEL, V. MICHAEL              | 6.2 NAME<br>Beatty, Sean A.                           | 6.3 STREET ADDRESS<br>9300 Arrowpoint Boulevard                              |
| STREET ADDRESS<br>TWO JERICHO PLAZA                   | CITY-ST-ZIP<br>JERICHO NY 11753-0873   | 6.4 CITY-ST-ZIP<br>Charlotte, NC 28273                |  |

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: Joyce W. Wheeler SIGNATURE REQUIRED: Joyce W. Wheeler, Corporate Secretary 1/18/99 704/522-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)