

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

02-25-1999 90086 037 ***150.00

DOCUMENT # 816159

1. Corporation Name

THE LONDON ASSURANCE OF AMERICA INC.

Principal Place of Business

9300 ARROWPOINT BLVD.
CHARLOTTE NC 28273
US

Mailing Address

9300 ARROWPOINT BLVD.
CHARLOTTE NC 28273
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1962

4. FEI Number

13-3635895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MENDELSON, ROBERT VICTOR	
STREET ADDRESS	9300 AROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 AROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUSZENCZUK, ANDREA	
STREET ADDRESS	9300 AROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FISHER, JOSEPH F	
STREET ADDRESS	9300 AROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, THOMAS ARTHUR	
STREET ADDRESS	ONE BARTHOLOMEW LANE	
CITY-ST-ZIP	LONDON, ENGLAND EC2N2AB	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOGEL, V. MICHAEL	
STREET ADDRESS	TWO JERICHO PLAZA	
CITY-ST-ZIP	JERICHO NY 11753-0873	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. David McDonald	
1.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
1.4 CITY-ST-ZIP	Charlotte, NC 28273	
2.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry G. Simmons	
2.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
2.4 CITY-ST-ZIP	Charlotte, NC 28273	
3.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul H. Stewman	
3.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
3.4 CITY-ST-ZIP	Charlotte, NC 28273	
4.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joyce W. Wheeler	
4.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
4.4 CITY-ST-ZIP	Charlotte, NC 28273	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sean A. Beatty	
5.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
5.4 CITY-ST-ZIP	Charlotte, NC 28273	
6.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lawrence W. Gowen	
6.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
6.4 CITY-ST-ZIP	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 1/18/99 704/522-3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)