

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 033 ***150.00

DOCUMENT # 828862

1. Entity Name
INTERNATIONAL INSURANCE COMPANY

Principal Place of Business
**250 COMMERCIAL STREET, SUITE 5000
 MANCHESTER NH 03101
 US**

Mailing Address
**250 COMMERCIAL STREET, SUITE 5000
 MANCHESTER NH 03101
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1964136**

Applied For
 Not Applicable

Zip Country

Zip Country

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
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32399**

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!!! FEES \$150.00
After May 1, 2002 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 GIBBS, DENNIS C 250 COMMERCIAL ST STE 5000 MANCHESTER NH 03101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSSETT, ROBERT L 250 COMMERCIAL ST STE 5000 MANCHESTER NH 03101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SLUKA, MICHAEL J 250 COMMERCIAL ST STE 5000 MANCHESTER NH 03101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EHRlich, CHARLES G 250 COMMERCIAL ST STE 5000 MANCHESTER NH 03101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GILLETT, WILLIAM J 250 COMMERCIAL ST STE 5000 MANCHESTER NH 03101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **Michael J. Sluka** **4/11/02** **(603) 656-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/09/2002

Attachment
DOC # 828862

1041665

**International
Insurance Company**

250 Commercial Street, Suite 5000
Manchester, NH 03101-1142

Robert Syke
Regulatory Compliance
(603) 656-2305 Direct Line
(603) 656-2400 Facsimile

April 16, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: CORPORATION ANNUAL REPORT

Dear Sir/Madame:

Please find enclosed the following items from International Insurance Company:

- *Corporation Annual Report*
- *Filing Fee, check number 9110006141, in the amount of \$150.00*

If you have any further questions, please feel free to call me at (603) 656-2305.

Sincerely,



Robert Syke
Regulatory Compliance

RS/rdd/REGS/FL/5102

Enclosure