

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
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DOCUMENT # 839752

1. Corporation Name

**BUSINESS INSURANCE COMPANY
CENTRE**
(f/k/a Business Insurance Company)

Principal Place of Business

11171 SUN CENTER DR
RANCHO CORDOVA CA 95670
US

Mailing Address

11171 SUN CENTER DR
LEGAL DEPT
RANCHO CORDOVA CA 95670
US

2. Principal Place of Business

2a. Mailing Address

21 One Chase Manhattan Plaza
Suite, Apt. #, etc.

26 One Chase Manhattan Plaza
Suite, Apt. #, etc.

City & State

23 New York, New York

City & State

28 New York, New York

Zip Country

24 10005 25 USA

Zip Country

29 10005 30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1977

4. FEI Number

13-2653231

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

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

600002774136--6

83

-02/12/99--01071--011

84 City

*****8.75 *****8.75
FL 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 DVSP ☒ DELETE

NAME JASKO, DAVID J
STREET ADDRESS 11171 SUN CENTER DR
CITY-ST-ZIP RANCHO CORDOVA CA 95670

TITLE DPC ☒ DELETE

NAME COSTA, MAURICE A
STREET ADDRESS 11171 SUN CENTER DR
CITY-ST-ZIP RANCHO CORDOVA CA 95670

TITLE D ☒ DELETE

NAME GELLET, JAY M
STREET ADDRESS 21800 OXNARD STREET, STE. 1700
CITY-ST-ZIP WOODLAND HILLS CA

TITLE S ☒ DELETE

NAME NIENOW, TRECIA M
STREET ADDRESS 11171 SUN CENTER DR
CITY-ST-ZIP RANCHO CORDOVA CA 95670

TITLE VPTD ☒ DELETE

NAME SOUZA, PAUL W
STREET ADDRESS 11171 SUN CENTER DR
CITY-ST-ZIP RANCHO CORDOVA CA 95670

TITLE SVPD ☒ DELETE

NAME WHITE, ROBERT P
STREET ADDRESS 11171 SUN CENTER DR
CITY-ST-ZIP RANCHO CORDOVA CA 95670

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ☒ Change ☐ Addition

David L. Wasserman
One Chase Manhattan Plaza
New York, New York 10005

S ☒ Change ☐ Addition

Steven Daniel Germain
One Chase Manhattan Plaza
New York, New York 10005

T ☒ Change ☐ Addition

Patricia Marie Haemmerle
One Chase Manhattan Plaza
New York, New York 10005

☐ Change ☐ Addition

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*****150.00 *****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

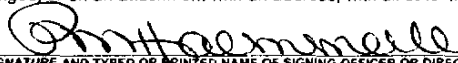
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

(212) 898-5300

Daytime Phone #

0560302

CR2E034 (11/98)