

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martinham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 846474 (5)

1. Corporation Name

CORONET INSURANCE COMPANY



Principal Place of Business

205 SOUTH HOOVER BLVD.  
SUITE 105  
TAMPA FL 33609

Mailing Address

205 SOUTH HOOVER BLVD.  
SUITE 105  
TAMPA FL 33609

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

FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/14/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

36-2512064

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person named as registered agent in this report

Signature of person named as new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
FRIEDMAN, HOWARD  
STREET ADDRESS  
3500 W. PETERSON  
CITY - ST - ZIP  
CHICAGO IL

TITLE ☒ DELETE

NAME  
REISS, MARK C  
STREET ADDRESS  
3500 W PETERSON AVE  
CITY - ST - ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
MORTENSON, LEE NEWELL  
STREET ADDRESS  
3500 W PETERSON AVE  
CITY - ST - ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
SISSON, EVERETT M  
STREET ADDRESS  
3500 W PETERSON AVE  
CITY - ST - ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
ENGLE, CLYDE W  
STREET ADDRESS  
3500 W PETERSON AVE  
CITY - ST - ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

ST

CRAIG A. LOCHNER  
3500 W. PETERSON AVE  
CHICAGO, IL 60659

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

(312) 539-8283

CR2E034 (12/95)