FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

*PROFIT
CORPORATION
ANNUAL REPORT
1996

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

2-13-96 B-1047-C

DOCUMENT # **846740** (9)

1. Corporation Name

CREDIT GENERAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
C/O BARRY W. MOSES 709 BROOKPARK ROAD CLEVELAND OH 44109	C/O CAROL L. GASPER 3201 ENTERPRISE PARKWAY. #490 BEACHWOOD OH 44122

2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **08/15/1980**
3a. Date of Last Report: **09/21/1995**
4. FEI Number: **34-0960104** ☐ 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

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCIA, ROBERT J		1.2 NAME	**PLEASE SEE ATTACHED FOR ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS**
STREET ADDRESS	24 COUNTRY LANE		1.3 STREET ADDRESS	
CITY, ST, ZIP	PAPPER PIKE OH 44124		1.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BATTAGLIA, LEWIS V		2.2 NAME	
STREET ADDRESS	4338 WEST ANDERSON ROAD		2.3 STREET ADDRESS	
CITY, ST, ZIP	SOUTH EUCLID OH 44121		2.4 CITY-ST-ZIP	
TITLE	VTD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOYKO, JOHN		3.2 NAME	**PLEASE SEE ATTACHMENT**
STREET ADDRESS	3340 ST. ANDREWS		3.3 STREET ADDRESS	
CITY, ST, ZIP	PARMA OH 44134		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DELLA VEDOVA, LAWRENCE E		4.2 NAME	
STREET ADDRESS	1137 COOK ROAD, #305		4.3 STREET ADDRESS	
CITY, ST, ZIP	LAKEWOOD OH 44107		4.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, PAUL E		5.2 NAME	
STREET ADDRESS	1257 DEEPWOOD DRIVE		5.3 STREET ADDRESS	
CITY, ST, ZIP	MACEDONIA OH 44056		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FAZEKASH, GREGORY A		6.2 NAME	
STREET ADDRESS	1270 HUNTING HOLLOW DRIVE		6.3 STREET ADDRESS	
CITY, ST, ZIP	HUDSON OH 44236		6.4 CITY-ST-ZIP	

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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)(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 added by an attachment with an address.

SIGNATURE: _____ 2/6/96 (216) 831-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Credit General Insurance Company
Annual Report 1996

13. Additions and Changes to Officers and Directors.

1. Title(s)	2. Names of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City/State/Zip Code
Senior Vice President, Chief Financial Officer, Treasurer and Director	Boyko, John	3340 St. Andrews	Parma, Ohio 44134
Vice President	Burr, Eric M.	6133 Nicholson Drive	Hudson, Ohio 44236
Assistant Vice President	Daley, Scott R.	33789 Hanover Woods Trail	Solon, Ohio 44139
Chief Information Officer	Darcy, Laura B.	4334 Dover Center Road	North Olmsted, Ohio 44070
Chief Human Resource Officer	Fehler, John H.	940 Woodmere Drive	Wooster, Ohio 44691
Assistant Secretary	Gasper, Carol L.	1270 Hunting Hollow Drive	Hudson, Ohio 44236
Senior Vice President, Chief Underwriting Officer and Director	Greenfield, Stephen B.	32851 Seneca	Solon, Ohio 44139
Assistant Vice President	Grumbles, Joseph C.	932A Snowfall Spur	Akron, Ohio 44313
Assistant Vice President of Personal Lines Claims	Metcalf, Brian P.	2133 Via Aquila	San Clemente, CA 92673
Vice President	Moran, Timothy M.	5211 Cheltenham	Lyndhurst, Ohio 44124
Secretary, General Counsel, Director	Moses, Barry W.	3330 Grenway	Shaker Heights, Ohio 44122
Senior Vice President and Director	Parker, Randy P.	70 Priorway	Novelty, Ohio 44072
Vice President of Commercial Claims	Saxon, Michael J.	1083 Berwin Street	Akron, Ohio 44310

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