

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90144 014 ***150.00

DOCUMENT # 846740

1. Corporation Name

CREDIT GENERAL INSURANCE COMPANY

Principal Place of Business

3201 ENTERPRISE PARKWAY
SUITE 310
BEACHWOOD OH 44122

Mailing Address

C/O CAROL L. GASPER
3201 ENTERPRISE PARKWAY, #490
BEACHWOOD OH 44122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1980

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 607.1508, 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 PCD ☐ DELETE

NAME LUCIA, ROBERT J
STREET ADDRESS 24 COUNTRY LANE
CITY-ST-ZIP PEPPER PIKE OH 44124

TITLE VAS ☐ DELETE

NAME BATTAGLIA, LEWIS V
STREET ADDRESS 2785 LORETO DR
CITY-ST-ZIP WILLOUGHBY OH 44094

TITLE VP ☐ DELETE

NAME SAXON, MICHAEL J
STREET ADDRESS 514 BROOKSTONE CT
CITY-ST-ZIP TOPLEY OH 44321

TITLE SCTD ☐ DELETE

NAME BOYKO, BOHN
STREET ADDRESS 1012 OCHARD LANE
CITY-ST-ZIP BROADVIEW HEIGHTS OH 44147

TITLE VB ☐ DELETE

NAME FAZEKASH, GREGORY A
STREET ADDRESS 1270 HUNTING HOLLOW DRIVE
CITY-ST-ZIP HUDSON OH 44236

TITLE SD ☐ DELETE

NAME MOSES, BARRY W
STREET ADDRESS 3330 GRENWAY
CITY-ST-ZIP SHAKER HEIGHTS OH 44122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3201 Enterprise Parkway
1.4 CITY-ST-ZIP Beachwood, Ohio 44122

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Chief Claims Officer/D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE EVP/COO/D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

1/13/99

Date

216-831-7500

Daytime Phone #

CR2E034 (11/98)

0524373