

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90147 050 ***150.00

DOCUMENT # 846740

1. Entity Name

CREDIT GENERAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

**3201 ENTERPRISE PARKWAY
 SUITE 310
 BEACHWOOD OH 44122**

**C/O CARROLL & SASSER Legal Dept.
 3201 ENTERPRISE PARKWAY, #310
 BEACHWOOD OH 44122-7320**

80017051



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 **34-0960104**

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

**FLORIDA STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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
**PCD
 LUCIA, ROBERT J
 3201 ENTERPRISE PARKWAY
 BEACHWOOD OH 44122** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Add

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary/Director ☒ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CCOD
 SAXON, MICHAEL J
 514 BROOKSTONE CT
 TOPLEY OH 44321** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Copley, OH 44321 ☒ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SCTD
 BOYKO, BOHN
 1012 OCHARD LANE
 BROADVIEW HEIGHTS OH 44147** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EVP
 FAZEKASH, GREGORY A
 1270 HUNTING HOLLOW DRIVE
 HUDSON OH 44236** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Chief Marketing Officer/Dir. ☐ Change ☒ Add
**Bryan K. Griffin
 3689 Timberline Trail
 Cuyahoga Falls, OH**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 MOSES, BARRY W
 3330 GRENWAY
 SHAKER HEIGHTS OH 44122** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Chief Information Off/Dir. ☐ Change ☒ Add
**Laura B. Darcy
 4334 Dover-Center Road
 North Olmstead, OH 44070**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John H. Fehler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

216/831-7500

Date

Daytime Phone #

846740

00017051

**2000 UNIFORM BUSINESS REPORT
FOR
CREDIT GENERAL INSURANCE COMPANY**

11. Chief Human Resource Officer/Director
John H. Fehler
3515 Courtland Road
Pepper Pike, OH