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

DOCUMENT # **849969** **(1)**

1. Corporation Name

GAN NORTH AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
120 WALL STREET NEW YORK NY 10005	120 WALL STREET NEW YORK NY 10005

3. Date Incorporated or Qualified: **08/10/1981**
3a. Date of Last Report: **10/09/1995**

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

4. FEI Number: **75-1331566** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and, if applicable, capacity (Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	V	☐ Change ☒ Addition
NAME	MORRIS, C TIMOTHY		12 NAME	Gary Bliss	
STREET ADDRESS	120 WALL ST		13 STREET ADDRESS	120 Wall St.	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	NY, NY 10005	
TITLE	V	☐ DELETE	21 TITLE	V	☐ Change ☒ Addition
NAME	SMITH, RUSSEL		22 NAME	Yves Denamur	
STREET ADDRESS	35 PINE CT.		23 STREET ADDRESS	120 Wall St.	
CITY-ST-ZIP	BEDMINSTER NJ		24 CITY-ST-ZIP	NY, NY 10005	
TITLE	T	☐ DELETE	31 TITLE	V	☐ Change ☒ Addition
NAME	HEGE, RONALD L.		32 NAME	Eileen Frank	
STREET ADDRESS	65 BURNETT TERRACE		33 STREET ADDRESS	120 Wall St.	
CITY-ST-ZIP	WEST ORANGE NJ		34 CITY-ST-ZIP	NY, NY 10005	
TITLE	S	☐ DELETE	41 TITLE	V	☐ Change ☒ Addition
NAME	KROLL, SOL		42 NAME	Robert Mastroberti	
STREET ADDRESS	600 CANITOTE STREET		43 STREET ADDRESS	120 Wall St.	
CITY-ST-ZIP	BEDFORD NY		44 CITY-ST-ZIP	NY, NY 10005	
TITLE		☐ DELETE	51 TITLE	V	☐ Change ☒ Addition
NAME			52 NAME	Daniel Meyer	
STREET ADDRESS			53 STREET ADDRESS	120 Wall St.	
CITY-ST-ZIP			54 CITY-ST-ZIP	NY, NY 10005	
TITLE		☐ DELETE	61 TITLE	V	☐ Change ☒ Addition
NAME			62 NAME	Socorro Morales	
STREET ADDRESS			63 STREET ADDRESS	120 Wall St.	
CITY-ST-ZIP			64 CITY-ST-ZIP	NY, NY 10005	

CR2E034 (12/95)

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: Ronald L. Hege Ronald L. Hege, SVP/Treasurer 7/23/96 (212) 709-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #