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Tom C

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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
120 WALL STREET
NEW YORK NY 10006

Mailing Address
120 WALL STREET
NEW YORK NY 10005-3904



3. Date Incorporated or Qualified 08/10/1981
3a. Date of Last Report 08/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 75-1331566
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MORRIS, C TIMOTHY
STREET ADDRESS 120 WALL ST
CITY- ST- ZIP NEW YORK NY ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME SMITH, RUSSEL
STREET ADDRESS 35 PINE CT.
CITY- ST- ZIP BEDMINSTER NJ ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE T
NAME HEGE, RONALD L.
STREET ADDRESS 65 BURNETT TERRACE
CITY- ST- ZIP WEST ORANGE NJ ☒ DELETE

31 TITLE Vice President-CFO
32 NAME Thomas W. Devine
33 STREET ADDRESS 120 Wall Street
34 CITY- ST- ZIP New York, New York 10005 ☐ Change ☒ Addition

TITLE S
NAME KROLL, SOL
STREET ADDRESS 800 CANITOTE STREET
CITY- ST- ZIP BEDFORD NY ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME BLISS, GARY
STREET ADDRESS 120 WALL STREET
CITY- ST- ZIP NEW YORK NY ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME DENAMUR, YVES
STREET ADDRESS 120 WALL STREET
CITY- ST- ZIP NEW YORK NY ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/5/97

Date

(212) 709-1854

Daytime Phone #

CR2E034 (9/96)