## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

··· KROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # 849969**

Corporation Name				
gan North American Insuran	CE COMPANY			
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Principal Place of Business	Mailing Address			
120 WALL STREET	120 WALL STREET			
NEW YORK NY 10005	NEW YORK NY 10005		DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualifed	IIO OI AOL
			08/10/1981	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
<del></del>	26		75-1331566	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible
24 25	29	30	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent
100101010000000000000000000000000000000		81 Name		ł
INSURANCE COMMISSIONER		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
CAPITOL BUILDING TALLAHASSEE FL 32301				
TALLAHASSEE FL 32301	1.2x4 2.4	83		
l ( )		84 City		85 Zip Code
				- <b>L</b>
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the obl	igations of, Section 607.0505, Flor	ida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pombnon de regionere
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE:		Registered Agent signature require		AND DIRECTORS IN 12
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE MD	C) betere		CDD AMMACUADO	
NAME AULAGNON, THIERRY		1.2 NAME	SEE ATTACHED	
STREET ADDRESS 2, RUE PILLET-WILL	NCE	1.3 STREET ADDRESS		
CITY-ST-ZIP 75448 PARIS CEDEX 09, FRA	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE MD		22 NAME		
NAME LAPARRA, MICHEL STREET ADDRESS 2, RUE PILLET-WILL				
75440 DADIC CEDEV OG EDANCE		2.3 STREET ADDRESS		
1,500	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		_ Change
TUOMAS IN DESIRIE		3.2 NAME	<del>-</del> ·	
400 34413 07		A.C.10412		
NEW YORK NO		3.3 STREET ADORESS		
	,	3.3 STREET ADORESS		
	, DELETE	3.4, CITY-ST-ZIP	AVVII.	☐ Change ☐ Addition
· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME KROLL, SOL	. □ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	-	☐ Change ☐ Addition
NAME KROLL, SOL STREET ADDRESS 600 CANITOTE STREET		3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	-	☐ Change ☐ Addition
NAME KROLL, SOL STREET ADDRESS 600 CANITOTE STREET BEDFORD NY	. DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	-	☐ Change ☐ Addition ☐ Change ☐ Addition
NAME KROLL, SOL STREET ADDRESS 600 CANITOTE STREET CITY-ST-ZIP BEDFORD NY TITLE V		3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	-	
NAME KROLL, SOL STREET ADDRESS 600 CANITOTE STREET CITY-ST-ZIP BEDFORD NY TITLE V NAME BLISS, GARY		3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LISS, GARY STREET ADDRESS LISS, GARY STREET ADDRESS LISS, GARY LIST WALL STREET		3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	-	
NAME STREET ADDRESS CITY-ST-ZIP WAME STREET ADDRESS CITY-ST-ZIP WALL STREET STREET ADDRESS CITY-ST-ZIP WALL STREET NEW YORK NY		3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	-	
NAME STREET ADDRESS CITY-ST-ZIP WAME STREET ADDRESS CITY-ST-ZIP WALL STREET ADDRESS CITY-ST-ZIP WALL STREET NEW YORK NY	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	-	☐ Change ☐ Addition

75448 PARIS CEDEX 09, FRANCE CITY-SY-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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90056 022 \*\*\*150.00

# GAN North American Insurance Company

### **Directors**

Thierry AULAGNON
Donald P. DELUCA
Thomas W. DEVINE
Charles E. KELLER
Henri LAURENT
Elliott KROLL
Sol KROLL
Antony LANCASTER
Roy LEVER
David W. NELSON
Maurice W. SLAYTON
Michel LAPARRA
Peter WILLIAMS

### **Officers**

Gary BLISS Eileen FRANK Thomas DEVINE Socorro MORALES Robert RYNIKER