


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90056 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 849969					
1. Corporation Name GAN NORTH AMERICAN INSURANCE COMPANY					
Principal Place of Business 120 WALL STREET NEW YORK NY 10005			Mailing Address 120 WALL STREET NEW YORK NY 10005		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1981	
21		26		4. FEI Number 75-1331566	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29			
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	85
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	MD	<input type="checkbox"/> DELETE			
NAME	AULAGNON, THIERRY				
STREET ADDRESS	2, RUE PILLET-WILL				
CITY-ST-ZIP	75448 PARIS CEDEX 09, FRANCE				
TITLE	MD	<input type="checkbox"/> DELETE			
NAME	LAPARRA, MICHEL				
STREET ADDRESS	2, RUE PILLET-WILL				
CITY-ST-ZIP	75448 PARIS CEDEX 09, FRANCE				
TITLE	VPCO	<input type="checkbox"/> DELETE			
NAME	THOMAS W. DEVINE				
STREET ADDRESS	120 WALL ST.				
CITY-ST-ZIP	NEW YORK NE				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	KROLL, SOL				
STREET ADDRESS	600 CANITOTE STREET				
CITY-ST-ZIP	BEDFORD NY				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BLISS, GARY				
STREET ADDRESS	120 WALL STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LAURENT, HENRI				
STREET ADDRESS	2, RUE PILLET-WILL				
CITY-ST-ZIP	75448 PARIS CEDEX 09, FRANCE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	SEE ATTACHED				
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Thierry Aulagnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99
Date

(212) 709-1854
Daytime Phone #

CR2F034 (1/98)

247645-90056-22
849969

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