

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90063 040 ***150.00

0595485

DOCUMENT # F00000005458

1. Entity Name

HEALTHMARKET INSURANCE AGENCY INC.

Principal Place of Business

**59 DANBURY ROAD
WILTON CT 06897**

Mailing Address

**59 DANBURY ROAD
WILTON CT 06897**

2. Principal Place of Business

20 Glover Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5360

Suite, Apt. #, etc.

City & State

Normalk CT

City & State

South Normalk CT

Zip

06850

Country

U.S.A

Zip

06856

Country

U.S.A

4. FEI Number

06-1593688

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PCD** ☒ Delete
NAME **DANAHER, JOHN**
STREET ADDRESS **59 DANBURY ROAD**
CITY-ST-ZIP **WILTON CT 06897**

TITLE **VD** ☐ Delete
NAME **MORRIS, GREGORY**
STREET ADDRESS **59 DANBURY ROAD**
CITY-ST-ZIP **WILTON CT 06897**

TITLE **SD** ☐ Delete
NAME **BIERMAN, RICHARD**
STREET ADDRESS **59 DANBURY ROAD**
CITY-ST-ZIP **WILTON CT 06897**

TITLE **TD** ☐ Delete
NAME **PAGANO, JOHN**
STREET ADDRESS **59 DANBURY ROAD**
CITY-ST-ZIP **WILTON CT 06897**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **~~20 Glover Avenue~~**
STREET ADDRESS **~~Normalk CT 06850~~**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **20 Glover Avenue**
CITY-ST-ZIP **Normalk CT 06850**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20 Glover Avenue**
CITY-ST-ZIP **Normalk CT 06850**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20 Glover Avenue**
CITY-ST-ZIP **Normalk CT 06850**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Tammy Tucker**
CITY-ST-ZIP **20 Glover Avenue**
Normalk CT 06850

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

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

SIGNATURE:

John R Pagano
John R Pagano

1/4/01

Date

203-229-1006

Daytime Phone #

CR2E034 (10/00)