

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90019 027 ***150.00

DOCUMENT # F01000000162
 1. Entity Name
 GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA



Principal Place of Business Mailing Address
 199 WATER STREET 199 WATER STREET
 21ST FLOOR 21ST FLOOR
 NEW YORK, NY 10038-3526 US NEW YORK, NY 10038-3526 US

14018874



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3309199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KLECAN, HENRY JR 199 WATER ST.21ST FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD KESSLER, DENIS 199 WATER ST.21ST FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS VERNE, MAXINE H 199 WATER ST.21ST FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNE, MAXINE H 199 WATER ST.21ST FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESNER, STEVEN Z 199 WATER STREET, 21ST FLOOR NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD COOK, JOSEPH D 199 WATER STREET NEW YORK, NY 10038

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (212) 480-1900 Daytime Phone #