

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000162**

1. Entity Name  
**GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA**



Principal Place of Business

**199 WATER STREET  
21ST FLOOR  
NEW YORK, NY 10038-3526 US**

Mailing Address

**199 WATER STREET  
21ST FLOOR  
NEW YORK, NY 10038-3526 US**



03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3309199**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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	SVCF KOCIANCIC, MARK 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	VP KRUTOV, SARAH 199 WATER STREET, 21ST FLOOR NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000673392  
03/29/07-80027-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Mark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

212 884 9085

Daytime Phone \*