


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000000162</b>	
1. Entity Name <b>GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA</b>	

Principal Place of Business <b>199 WATER STREET 21ST FLOOR NEW YORK, NY 10038-3526 US</b>	Mailing Address <b>199 WATER STREET 21ST FLOOR NEW YORK, NY 10038-3526 US</b>
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03042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000857738 04/01/08-80016-024 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO KLECAN, HENRY JR 199 WATER ST.21ST FL NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCF KOCIANCIC, MARK 199 WATER ST.21ST FL NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS VERNE, MAXINE H 199 WATER ST.21ST FL NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VERNE, MAXINE H 199 WATER ST.21ST FL NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KRUTOV, SARAH 199 WATER STREET, 21ST FLOOR NEW YORK, NY 10038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark Kociancic**

**(212)884-9085**

Date

Daytime Phone #