

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000162

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA

**Current Principal Place of Business:**

199 WATER STREET  
21ST FLOOR  
NEW YORK, NY 100383526 US

**New Principal Place of Business:**

**Current Mailing Address:**

199 WATER STREET  
21ST FLOOR  
NEW YORK, NY 100383526 US

**New Mailing Address:**

**FEI Number:** 13-3309199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEOP  
**Name:** KLECAN, HENRY JR  
**Address:** 199 WATER ST 21ST FL  
**City-St-Zip:** NEW YORK, NY 10038

**Title:** SVPT  
**Name:** KOCIANCIC, MARK  
**Address:** 199 WATER ST 21ST FL  
**City-St-Zip:** NEW YORK, NY 10038

**Title:** SVPS  
**Name:** VERNE, MAXINE H  
**Address:** 199 WATER ST 21ST FL  
**City-St-Zip:** NEW YORK, NY 10038

**Title:** SVPD  
**Name:** KRUTOV, SARAH  
**Address:** 199 WATER ST 21ST FL  
**City-St-Zip:** NEW YORK, NY 10038

**Title:** SVPD  
**Name:** RIZACOS, PETER  
**Address:** 199 WATER STREET 21ST FLOOR  
**City-St-Zip:** NEW YORK, NY 10038

**Title:** SVP  
**Name:** ROUTLEDGE, LEE  
**Address:** 199 WATER STREET 21ST FLOOR  
**City-St-Zip:** NEW YORK, NY 10038

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK KOCIANCIC

SVPT

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date