

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91513 042 ***150.00

DOCUMENT # F01000001082

1. Entity Name

CITICORP INTERNATIONAL INSURANCE COMPANY, LTD.

Principal Place of Business

**VICTORIA HALL, 11 VICTORIA STREET
 HAMILTON HM 11
 BERMUDA**

Mailing Address

**VICTORIA HALL, 11 VICTORIA STREET
 HAMILTON HM 11
 BERMUDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2327306**
~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **HOGAN, WILLIAM R**
 CITY-ST-ZIP **ONE TOWER SQUARE - 7 MS
 HARTFORD CT 06183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **PLEASE SEE THE ATTACHED**
 CITY-ST-ZIP **FOR A FULL LISTING**

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **REILLY, MARK**
 CITY-ST-ZIP **ONE TOWER SQUARE - 7 MS
 HARTFORD CT 06183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **OF OFFICERS / DIRECTORS.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **WRIGHT, EARNEST J**
 CITY-ST-ZIP **ONE TOWER SQUARE - 7 MS
 HARTFORD CT 06183**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WHITE, WILLIAM H**
 CITY-ST-ZIP **ONE TOWER SQUARE - 7 MS
 HARTFORD CT 06183**

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

TITLE ☒ Delete
 NAME **CFO**
 STREET ADDRESS **GOLINO, DAVID A**
 CITY-ST-ZIP **ONE TOWER SQUARE - 7 MS
 HARTFORD CT 06183**

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

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **MCGAH, KATHLEEN**
 CITY-ST-ZIP **ONE TOWER SQUARE - 7 MS
 HARTFORD CT 06183**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR CRONIN **APRIL 2ND, 2002** **(441) 298-6607**

Date Daytime Phone #

CR2E034 (9/01)

Attachment Folio 1000001082
701357

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT
CITICORP INTERNATIONAL INSURANCE COMPANY, LTD.

11.

OFFICERS/DIRECTORS

TITLE: D/VP/AS
NAME: COOPER, C.F. ALEXANDER
STREET ADDRESS: ONE TOWER SQUARE-6MS
CITY, ST ZIP: HARTFORD, CT 06183

TITLE: D/VP
NAME: CRONIN, ARTHUR
STREET ADDRESS: 11 VICTORIA STREET
CITY, ST ZIP: HAMILTON BERMUDA HM 11

TITLE: D
NAME: LEWITUS, MARLA BERMAN
STREET ADDRESS: ONE TOWER SQUARE-6MS
CITY, ST ZIP: HARTFORD, CT 06183

TITLE: D/P
NAME: PRESTON, KATHLEEN A.
STREET ADDRESS: ONE TOWER SQUARE-6MS
CITY, ST ZIP: HARTFORD, CT 06183

TITLE: CFO
NAME: PETROZZA, JAMES
STREET ADDRESS: ONE TOWER SQUARE-6MS
CITY, ST ZIP: HARTFORD, CT 06183

TITLE: VP
NAME: WOLOSHIN, BENJAMIN
STREET ADDRESS: ONE TOWER SQUARE-6MS
CITY, ST ZIP: HARTFORD, CT 06183