

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90203 024 ***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**

11033527



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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DVAS** ☐ Delete
NAME **COOPER, ALEXANDER C.F.**
STREET ADDRESS **ONE TOWER SQUARE -6MS**
CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DV** ☒ Delete
NAME **CRONIN, ARTHUR**
STREET ADDRESS **11 VICTORIA STREET**
CITY-ST-ZIP **HAMILTON BERMUDA 11**

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

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

TITLE **D** ☐ Delete
NAME **LEWITUS, MARLA B**
STREET ADDRESS **ONE TOWER SQUARE -6MS**
CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DP** ☐ Delete
NAME **PRESTON, KATHLEEN A**
STREET ADDRESS **ONE TOWER SQUARE -6MS**
CITY-ST-ZIP **HARTFORD CT 06183**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
NAME **Addazio, Judy**
STREET ADDRESS **1 Cityplace**
CITY-ST-ZIP **Hartford CT 06103-3415**

TITLE **CFO** ☐ Change ☒ Addition
NAME **Petazzia, James**
STREET ADDRESS **1 Cityplace**
CITY-ST-ZIP **Hartford CT 06103-3415**

TITLE **S** ☒ Change ☐ Addition
NAME **Wright, Earnest J**
STREET ADDRESS **1 Cityplace**
CITY-ST-ZIP **Hartford CT 06103-3415**

TITLE **D** ☒ Change ☐ Addition
NAME **Lewitus, Marla B**
STREET ADDRESS **1 Cityplace**
CITY-ST-ZIP **Hartford CT 06103-3415**

TITLE **PP** ☒ Change ☐ Addition
NAME **Preston, Kathleen A**
STREET ADDRESS **1 Cityplace**
CITY-ST-ZIP **Hartford CT 06103-3415**

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:

ALEXANDER C.F. COOPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/4/03 441-295-1422
Date Daytime Phone #

CR2E034 (10/02)