

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003656**

1. Entity Name  
**SNB ANNUITY BROKERAGE, INC.**



Principal Place of Business  
**825 THIRD AVE.  
NEW YORK, NY 10022**

Mailing Address  
**825 THIRD AVE.  
NEW YORK, NY 10022**



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3768259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	CCEO CROWE, KEVIN E 825 THIRD AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NICHOLAS, FREDERICK S III 825 THIRD AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STODDART, TIMOTHY 825 THIRD AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CIANCARELLI, STEPHEN 825 THIRD AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000372947  
07/15/05-80004-004 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**Stephen V. Ciancarelli**  
**CFO / SVP**

Date **7-7-05**

Daytime Phone # \_\_\_\_\_