

5-1598 B- 7462 -C
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May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004811 (5)

1. Corporation Name

CIG INSURANCE GROUP OF AMERICA, INC.



Principal Place of Business

Mailing Address

280 LONG RIDGE RD
STAMFORD CT 06927

P.O. BOX 9550
FT. MYERS FL 33906-9556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

4. FEI Number

51-0316758

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ATT
SCHULMAN, GARY J
280 LONG RIDGE RD
STAMFORD CT

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GIBBS, THOMAS E
50 NORTH LAURA STREET, 28TH FL
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
VOSS, DEANNA
1415 FOULK RD., STE 100 FOULKSTONE PLAZA
WILMINGTON DE

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
AUGER, MICHAEL C
15310 AMBERLY DRIVE, STE 315
TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROTHMAN, ROBERT
15310 AMBERLY DRIVE, STE 315
TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BEALE, CHARLES L
15310 AMBERLY DRIVE, STE 315
TAMPA FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)