

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000004811**

1. Entity Name

CIG INSURANCE GROUP OF AMERICA, INC.

Principal Place of Business

**260 LONG RIDGE RD
STAMFORD CT 06927**

Mailing Address

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

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 **51-0316758**Applied For
Not Applicable5. 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, 2001 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 **ATT** ☐ Delete
NAME **AMATO, JOHN**
STREET ADDRESS **777 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT 06927**TITLE **VP Taxes** ☐ Change ☒ Addition
NAME **Donna Fiammetta**
STREET ADDRESS **260 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD, CT 06927-9622**TITLE **VD** ☐ Delete
NAME **GIBBS, THOMAS E**
STREET ADDRESS **50 NORTH LAURA STREET, 28TH FL**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **VOSS, DEANNA**
STREET ADDRESS **1415 FOULK RD., STE 100 FOULKSTONE PLAZA**
CITY-ST-ZIP **WILMINGTON DE**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **AUGER, MICHAEL C**
STREET ADDRESS **15310 AMBERLY DRIVE, STE 315**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROTHMAN, ROBERT**
STREET ADDRESS **15310 AMBERLY DRIVE, STE 315**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **BEALE, CHARLES L**
STREET ADDRESS **15310 AMBERLY DRIVE, STE 315**
CITY-ST-ZIP **TAMPA FL**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

DONNA M. FIAMMETTA

Date

Daytime Phone #

203-357-4544**4-27-01****FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91121 002 ***150.00

A0061101

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)