

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90449 007 \*\*\*150.00

**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 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** **ATT**  
**STREET ADDRESS** **AMATO, JOHN**  
**CITY-ST-ZIP** **777 LONG RIDGE RD**  
**STAMFORD CT 06927**

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

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

**TITLE** ☒ Change ☐ Addition  
**NAME** **President / Director**  
**STREET ADDRESS** **Paul Bossidy**  
**CITY-ST-ZIP** **4401 Ridgebury Rd**  
**Danbury CT 06810**

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

**TITLE** ☒ Change ☐ Addition  
**NAME** **Secretary**  
**STREET ADDRESS** **Kelly Thomas**  
**CITY-ST-ZIP** **4401 Ridgebury Rd**  
**Stamford CT 06810**

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

**TITLE** ☒ Change ☐ Addition  
**NAME** **Director / VP**  
**STREET ADDRESS** **Thomas Farrell**  
**CITY-ST-ZIP** **4401 Ridgebury Rd**  
**Danbury CT 06810**

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

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

**TITLE** ☐ Delete  
**NAME** **VP-T**  
**STREET ADDRESS** **FIAMMETTA, DONNA A**  
**CITY-ST-ZIP** **260 LONG RIDGE ROAD**  
**STAMFORD CT 06927-9622**

**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:**

**JOHN AMATO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-2002 203-357-4544**

CR2E034 (9/01)