

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000006183 (7)

1. Corporation Name

LION INSURANCE COMPANY



Principal Place of Business

Mailing Address

100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY 11553

100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY 11553

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

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

03/16/1995

4. FEI Number

11-3007443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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 their address, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
REIERSEN, JOHN D  
100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
NEZAMOODEEN, PHILBERT  
100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
MISZNER, JEFFREY J  
100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
WALLACH, ROBERT  
100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
ISAACS, LAWRENCE S  
100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
WALLACH, WILLIAM  
8 FREER STREET  
LYNBROOK NY

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☒ 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 do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/96

(516) 228-5000

CR2E034 (12/95)