

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003482 (5)

1. Corporation Name

HALCYON INSURANCE COMPANY

Principal Place of Business

PO BOX 5070
ATTN: LAW DEPARTMENT
CLEVELAND OH 44101

Mailing Address

PO BOX 5070
ATTN: LAW DEPARTMENT
CLEVELAND OH 44101



3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6300 Wilson Mills Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

25

30

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number) (State) (Country)

83

84

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 DT ☐ DELETE
NAME BENER, PATRICIA O
STREET ADDRESS 6140 PARKLAND BLVD.
CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Bener, Patricia O
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BOLENDER, MILO C
STREET ADDRESS 6140 PARKLAND BLVD.
CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124

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

TITLE DP ☐ DELETE
NAME DAVIES, JOHN M
STREET ADDRESS 6140 PARKLAND BLVD.
CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124

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

TITLE D ☐ DELETE
NAME WHITE, WILLIAM A
STREET ADDRESS 6140 PARKLAND BLVD.
CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124

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

TITLE D ☐ DELETE
NAME LEMIEUX, KATHRYN M
STREET ADDRESS 5875 LANDERBROOK DR., STE. 100
CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124

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

TITLE ATAV ☐ DELETE
NAME DOLOHANTY, JANET A
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

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

14. I do hereby certify that the information supplied with 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 on an attachment with an address.

SIGNATURE:

Janet Anne Dolohanty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Anne Dolohanty 4/18/96 216-446-7902
Date Daytime Phone #

CR2E034 (12/95)