

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003951** ✓

1. Corporation Name

**ARDIEL INSURANCE SERVICE, INC.**

Principal Place of Business

**1840 OGDEN DRIVE  
BURLINGAME CA 94010**

Mailing Address

**1840 OGDEN DRIVE  
BURLINGAME CA 94010**

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90011 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/16/1995**

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

**94-2930119**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, MARK H  
611 S. FEDERAL HIGHWAY  
SUITE B  
STUART FL 34994**

81 Name

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

**2455 E. Sunrise Boulevard, Suite 400**

83

84 City

**Ft. Lauderdale**

**FL**

85 Zip Code  
**33304**

I, 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

LE ☐ DELETE  
ME **ST**  
REET ADDRESS **DUDLEY, RENEE M.**  
**1840 OGDEN DR**  
Y-ST-ZIP **BURLINGAME CA 94010**

LE ☐ DELETE  
ME **V**  
REET ADDRESS **KATSIDHE, KATHERINE L.**  
**1 CHASE MANHATTAN PLACE, 41ST FLOOR**  
Y-ST-ZIP **NEW YORK NY 10005**

LE ☐ DELETE  
ME **ST**  
REET ADDRESS **DELUE, ROBERT S**  
**1840 OGDEN DRIVE**  
Y-ST-ZIP **BURLINGAME CA 94010**

LE ☐ DELETE  
ME **V**  
REET ADDRESS **KOSTEN, BART J**  
**1840 OGDEN DR**  
Y-ST-ZIP **BURLINGAME CA 94010**

LE ☐ DELETE  
ME **ST**  
REET ADDRESS **STIGGINS, Robert B.**  
**1840 Ogden Drive**  
Y-ST-ZIP **Burlingame, CA 94010**

LE ☐ DELETE  
ME **WILLIAM B. ROBINSON**  
REET ADDRESS **501 W. Michigan**  
Y-ST-ZIP **Milwaukee, WI 53201**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #

**SIGNATURE: BART J. KOSTEN/President 7/2/99 (650) 697-4000**

CR2E034 (5/99)

0121418

F95000003951  
587269-90011-47

# ARDIEL INSURANCE SERVICE, INC.

Administration and Marketing  
1840 Ogden Drive, Burlingame, California 94010  
Telephone (650) 697-4000 Fax (650) 697-6147

July 2, 1999

State of Florida  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: 1999 Profit Corporation Annual Report  
Ardiel Insurance Service, Inc.  
Document No. F95000003951

Dear Sir/Madam:

I am sending herewith the requirements to file our annual report for 1999. Attached are the following:

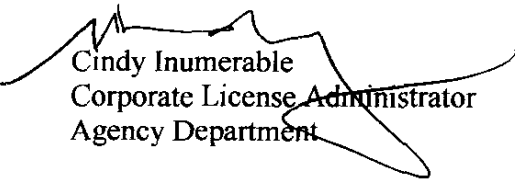
- ◆ Check no. 29459 in the amount of \$150.00 as filing fee
- ◆ Completed annual report form
- ◆ List of current Officers and Directors

***Per my phone conversation with Debbie at your department, a \$150.00 filing fee will suffice because we never received your 1<sup>st</sup> notice.***

If you have any questions or need additional information, please call me or write to me at the above telephone number or address.

Thank you.

Sincerely,

  
Cindy Inumerable  
Corporate License Administrator  
Agency Department

Encl.

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**ARDIEL INSURANCE SERVICE, INC.**

1840 Ogden Drive  
Burlingame, CA 94010

**BOARD OF DIRECTORS**

<b>NAME/TITLE</b>	<b>SOCIAL SECURITY NO.</b>	<b>RESIDENCE ADDRESS &amp; TELEPHONE NO.</b>	<b>BUSINESS ADDRESS &amp; TELEPHONE NO.</b>
J. KERRY CLAYTON SSN: 260-74-3940		90 Druid Hill Road Summit, NJ 07901 (908) 598-0891	Fortis, Inc. One Chase Manhattan Plaza, 41st Floor New York, NY 10005 (212) 859-7021
ROBERT S. DELUE SSN: 553-32-1859		2486 Butternut Drive Hillsborough, CA 94010 (650) 342-2252	ACSIA Insurance Services 1840 Ogden Drive Burlingame, CA 94010 (650) 697-4000
RENEE M. DUDLEY SSN: 391-64-0448		1501 Chapin Avenue #303 Burlingame, CA 94010 (650) 342-6782	ACSIA Insurance Services 1840 Ogden Drive Burlingame, CA 94010 (650) 697-4000
BART J. KOSTEN SSN: 054-78-1076		244 Virginia Avenue San Mateo, CA 94402 (650) 347-6244	ACSIA Insurance Services 1840 Ogden Drive Burlingame, CA 94010 (650) 697-4000
WILLIAM B. ROBINSON Chairman of the Board SSN: 264-90-6994		3600 North Lake Drive Shorewood, WI 53211 (414) 332-4360	Fortis Long Term Care 501 W. Michigan Milwaukee, WI 53203 (414) 299-8935

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## ARDIEL INSURANCE SERVICE, INC.

1840 Ogden Drive  
Burlingame, CA 94010

### COMPANY OFFICERS

#### NAME/TITLE

#### SOCIAL SECURITY NUMBER

#### RESIDENCE ADDRESS & TELEPHONE NUMBER

#### BUSINESS ADDRESS & TELEPHONE NUMBER

RENEE M. DUDLEY  
Secretary, Treasurer and Controller  
SSN: 391-64-0448

1501 Chapin Avenue #303  
Burlingame, CA 94010  
(650) 342-6782

ACSIA Insurance Services  
1840 Ogden Drive  
Burlingame, CA 94010  
(650) 697-4000

KATHERINE L. KATSIDHE  
Vice President & Asst. Secretary  
SSN: 077-64-5412

21 West 15th Street  
New York, NY 10011  
(212) 675-3423

Fortis, Inc.  
One Chase Manhattan Plaza, 41st Floor  
New York, NY 10005  
(212) 859-7021

BART J. KOSTEN  
President & Chief Executive Officer  
SSN: 054-78-1076

244 Virginia Avenue  
San Mateo, CA 94402  
(650) 347-6244

ACSIA Insurance Services  
1840 Ogden Drive  
Burlingame, CA 94010  
(650) 697-4000

GARY LAU  
Tax Officer  
SSN: 388-58-8201

96 14TH West Forrester Court  
Mequon, WI 53097  
(414) 242-5601

Fortis Long Term Care  
501 W. Michigan  
Milwaukee, WI 53203  
(414) 299-8935

BRINKE MARCUCCILLI  
Officer  
SSN: 403-80-0920

1447 East Goodrich Lane  
Foxpoint, WI 53217  
(414) 540-1255

Fortis Long Term Care  
501 W. Michigan  
Milwaukee, WI 53203  
(414) 299-8935

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## ARDIEL INSURANCE SERVICE, INC.

1840 Ogden Drive  
Burlingame, CA 94010

### COMPANY OFFICERS

#### NAME/TITLE

#### SOCIAL SECURITY NUMBER

#### RESIDENCE ADDRESS &

#### TELEPHONE NUMBER

#### BUSINESS ADDRESS &

#### TELEPHONE NUMBER

WILLIAM B. ROBINSON

Chairman

SSN: 264-90-6994

3600 North Lake Drive

Shorewood, WI 53211

(414) 332-4360

Fortis Long Term Care

501 W. Michigan

Milwaukee, WI 53203

(414) 299-8935

ROBERT B. STIGGINS

Vice President

SSN: 263-39-5110

2040 Franklin Street #709

San Francisco, CA 94109

(415) 771-7131

ACSIA Insurance Services

1840 Ogden Drive

Burlingame, CA 94010

(650) 697-4000

JOEL WERCHOWSKY

National Sales Director

SSN: 555-64-1830

3500 Galt Ocean Drive #1817

Ft. Lauderdale, FL 33308

(954) 630-9762

ACSIA Insurance Services

2501 E. Commercial Blvd., Suite 210

Ft. Lauderdale, FL 33308

(954) 772-3878