2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006115

1. Entity Name
AMERICAN WHOLESALERS UNDERWRITING LTD., INC.

Principal Place of Business	Mailing Address
1100 HIGH RIDGE ROAD STAMFORD, CT 06905	1100 HIGH RIDGE ROAD STAMFORD, CT 06905

DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1397524

Applied For
Not Applicable

5 Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000194837
01/26/05-80005-007 158.75

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LEWIS, KENNETH A
STREET ADDRESS	1100 HIGH RIDGE ROAD
CITY-ST-ZIP	STAMFORD, CT
TITLE	V
NAME	SHEA, JOHN
STREET ADDRESS	1100 HIGH RIDGE ROAD
CITY-ST-ZIP	STAMFORD, CT
TITLE	V
NAME	BECKERMAN, SYLVIA
STREET ADDRESS	1100 HIGH RIDGE ROAD
CITY-ST-ZIP	STAMFORD, CT
TITLE	S
NAME	SLAVIN, RICHARD
STREET ADDRESS	1100 HIGH RIDGE ROAD
CITY-ST-ZIP	STAMFORD, CT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 1/20/05 800-303-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #