

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90132 025 ***150.00

DOCUMENT # F98000003923

1. Corporation Name

GREAT LAKES INSURANCE COMPANY

Principal Place of Business

**802 DELAWARE AVENUE
WILMINGTON DE 19801**

Mailing Address

**802 DELAWARE AVENUE
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

34-4447823

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITAL BLDG
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 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 **P** ☒ DELETE
NAME **KOSOVAC, DENNIS R**
STREET ADDRESS **99 ROUTE 14**
CITY-ST-ZIP **HUDSON NY**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Bedros, Aharonyan**
1.3 STREET ADDRESS **1 Gracie Terrace**
1.4 CITY-ST-ZIP **New York, NY 10028**

TITLE **VS** ☐ DELETE
NAME **CLARK, DAVID J**
STREET ADDRESS **2708 TANAGER DR**
CITY-ST-ZIP **WILMINGTON DE**

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

TITLE **VAS** ☐ DELETE
NAME **HOFFMAN, RONNE**
STREET ADDRESS **345 WEST 88TH STREET**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **VD** ☒ DELETE
NAME **NOLAN JR, RICHARD J**
STREET ADDRESS **17 CHILTON ROAD**
CITY-ST-ZIP **WILMINGTON DE**

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

TITLE **V** ☐ DELETE
NAME **MARTIN, JOHN A**
STREET ADDRESS **94 ROUTE 612 WALNUT HILL, BOX 422**
CITY-ST-ZIP **JOHNSONBURG NJ**

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

TITLE **VT** ☐ DELETE
NAME **PETRYLAK, PAUL G**
STREET ADDRESS **251 WEST 74TH ST #3B**
CITY-ST-ZIP **NEW YORK NY**

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

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)