

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 019 ***150.00

DOCUMENT # **F980000003923**

1. Entity Name

Great Lakes Insurance Company ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 Stanton Christiana Rd

Suite, Apt. #, etc.

3. Mailing Address

500 Stanton Christiana Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Newark, De

City & State

Newark, De

4. FEI Number

34-4447023

Applied For

Not Applicable

Zip

19713

Country

USA

Zip

19713

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Insurance Commissioner

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

Capital Bldg

City

Tallahassee

FL

Zip Code

32399

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Petrylak, Paul G.**
STREET ADDRESS **500 Stanton Christiana Rd**
CITY-ST-ZIP **Newark DE 19713-2107**

TITLE **Secretary**
NAME **A Guga, Arthur T.**
STREET ADDRESS **500 Stanton Christiana Rd**
CITY-ST-ZIP **Newark DE 19713-2107**

TITLE **Treasurer**
NAME **Lee, Kwan W.**
STREET ADDRESS **500 Stanton Christiana Rd**
CITY-ST-ZIP **Newark DE 19713-2107**

TITLE **Director**
NAME **Picarello, Joseph D.**
STREET ADDRESS **500 Stanton Christiana Rd.**
CITY-ST-ZIP **Newark DE 19713-2107**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02

Date

Daytime Phone #

CR2E034B (12/01)