

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 90189 044 ***150.00

DOCUMENT # F98000003965

1. Corporation Name

KAYE INSURANCE ASSOCIATES, INC.



Principal Place of Business

**122 EAST 42ND STREET
NEW YORK NY 10168**

Mailing Address

**122 EAST 42ND STREET
NEW YORK NY 10168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162**

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 **C** ☐ DELETE
NAME **KAYE, HOWARD**
STREET ADDRESS **2 MOHICAN TRAIL**
CITY-ST-ZIP **SCARSDALE NY 10583**

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **WARNER, GUY**
1.3 STREET ADDRESS **110 JORDAN ROAD**
1.4 CITY-ST-ZIP **ROCKAWAY TOWNSHIP, NJ 07866**

TITLE **PCEO** ☐ DELETE
NAME **GUTHART, BRUCE D**
STREET ADDRESS **2794 LINDENMERE DRIVE**
CITY-ST-ZIP **MERRICK NY 11566**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **FU, YUEN**
2.3 STREET ADDRESS **50 JUDGE STREET**
2.4 CITY-ST-ZIP **ELMHURST, NY 11373**

TITLE **VPD** ☐ DELETE
NAME **SABANOS, MICHAEL P**
STREET ADDRESS **62 SHERWOOD DRIVE**
CITY-ST-ZIP **HUNTINGTON NY 11743**

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **SCAVETTA, PETER**
3.3 STREET ADDRESS **4033 DARBY LANE**
3.4 CITY-ST-ZIP **SEAFORD, NY 11783**

TITLE **SVP** ☐ DELETE
NAME **RUBIN, JEFFREY L**
STREET ADDRESS **244 UNION AVE.**
CITY-ST-ZIP **HARRISON NY 11743**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **FISCHER, IVY S.**
4.3 STREET ADDRESS **30 FAIRFIELD STREET**
4.4 CITY-ST-ZIP **MONTCLAIR, NJ 07042**

TITLE **SVP** ☐ DELETE
NAME **WOLK, JANE**
STREET ADDRESS **1710 HARMON COVE TOWERS W.**
CITY-ST-ZIP **SECAUCUS NJ 07094**

5.1 TITLE **VP** ☐ Change ☒ Addition
5.2 NAME **WILLIAMS, ROBERT E.**
5.3 STREET ADDRESS **2707 PINEHURST**
5.4 CITY-ST-ZIP **WESTON, FL 33327**

TITLE **SVP** ☐ DELETE
NAME **BASS, RICHARD**
STREET ADDRESS **211 WEST NORWALK ROAD**
CITY-ST-ZIP **NORWALK CT 06850**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IVY S. FISCHER

Date

Daytime Phone #

CR2E034 (11/98)