2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90128 028 ***150.00

DOCUMENT # F99000000995

1. Entity Name

CORE INSURANCE COMPANY

Principal Place of Business	Mailing Address
128 PRIM RD. P.O. BOX 460 COLCHESTER VT 05446	128 PRIM RD. P.O. BOX 460 COLCHESTER VT 05446-0460

021023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
85 Prim Road Suite, Apt. #, etc.	85 Prim Road Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0350908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 E. GAINES ST.
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE

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

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO WOOD, HOYT H JR. 128 PRIM RD. COLCHESTER VT 05446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒X Change ☐ Addition 85 Prim Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BACKLUND, CLAUDIA M 128 PRIM RD. COLCHESTER VT 05446	☒XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒XX Addition DVS Welshons, Mark A 85 Prim Road Colchester, VT 05446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BORDER, JOHN D 128 PRIM RD. COLCHESTER VT 05446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒XX Change ☐ Addition 85 Prim Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HANUSCHAK, BRIAN R 128 PRIM RD. COLCHESTER VT 05446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒XX Change ☐ Addition 85 Prim Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELBURD, PAUL A 128 PRIM RD. COLCHESTER VT 05446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒XX Change ☐ Addition 85 Prim Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSON, CRAIG N 128 PRIM RD. COLCHESTER VT 05446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒XX Change ☐ Addition 85 Prim Road

CR2E034 (9/99)

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

SIGNATURE: Mark A Welshons, SVP, GC & Sec 2/24/00 (203)399-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #