

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90019 046 ***150.00

DOCUMENT # F99000000995

1. Entity Name
CORE INSURANCE COMPANY

Principal Place of Business

**85 PRIM ROAD
P.O. BOX 460
COLCHESTER VT 05446**

Mailing Address

**85 PRIM ROAD
P.O. BOX 460
COLCHESTER VT 05446**

2. Principal Place of Business

131 Church Street

Suite, Apt. #, etc.

Suite 201

City & State

Burlington, VT

Zip

05401

Country

USA

3. Mailing Address

131 Church Street

Suite, Apt. #, etc.

Suite 201

City & State

Burlington, VT

Zip

05401

Country

USA



DO NOT WRITE IN THIS SPACE

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WOOD, HOYT H JR. 85 PRIM ROAD COLCHESTER VT 05446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WELSHORE, MARK A 85 PRIM ROAD COLCHESTER VT 05446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BORDER, JOHN D 85 PRIM ROAD COLCHESTER VT 05446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANUSCHAK, BRIAN R 85 PRIM ROAD COLCHESTER VT 05446	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELBURD, PAUL A 85 PRIM ROAD COLCHESTER VT 05446	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, CRAIG N 85 PRIM ROAD COLCHESTER VT 05446	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	131 Church Street Burlington, VT 05401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Welshons, Mark A 131 Church Street Burlington, VT 05401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	131 Church Street Burlington, VT 05401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Malvasio, Paul J. 131 Church Street Burlington, VT 05401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Licht, Peter M. 131 Church Street Burlington, VT 05401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 131 Church Street Burlington, VT 05401	☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Welshons

Date

Daytime Phone #

CR2E034 (10/00)