

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000004992

1. Entity Name  
CITICORP INSURANCE AGENCY, INC.



Principal Place of Business  
ONE COURT SQUARE  
19TH FLOOR  
LONG ISLAND CITY, NY 11120

Mailing Address  
ONE COURT SQUARE  
19TH FLOOR  
LONG ISLAND CITY, NY 11120



**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
13-3668998

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000188345  
01/24/05-80051-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KNEZ, STEVEN G  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY, NY 11120

TITLE VTD  
NAME BURNER, PAUL  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY, NY 11120

TITLE VD  
NAME KIMMELMAN, GARY  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY, NY 11120

TITLE VS  
NAME WOHL, ELLIOT  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY, NY 11120

TITLE PD  
NAME KNEZ, STEVEN G  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY, NY 11120

TITLE VPD  
NAME BURNER, PAUL  
STREET ADDRESS ONE COURT SQUARE  
CITY-ST-ZIP LONG ISLAND CITY, NY 11120

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Date

Daytime Phone #