

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 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



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000392822
01/24/06-80097-011 150.00

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with a) other like empowered.

SIGNATURE:

Steven Knez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Knez

1/10/06

718-248-6325

Date

Daytime Phone #