2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90015 037 ***150.00

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1. Entity Name
CITICORP INSURANCE AGENCY, INC.

40079288

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

DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

SIGNATURE: Steven Knez 4/16/07 718-248-9649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Citicorp Insurance Agency, Inc.
Corporate Officer Directors

First Name	Last Name	Officer Title	Address	Floor	City	State	Zip Code
Steven	Knez	Director & President	One Court Square	19	Long Island City	NY	11120
Paul	Burner	Director & SVP & Treasurer	One Court Square	49	Long Island City	NY	11120
Gary	Kimmelman	Director & SVP & Assistant Secretary	One Court Square	49	Long Island City	NY	11120
Elliot	Wohl	SVP & Secretary	One Court Square	19	Long Island City	NY	11120
Alicia	Dudick	AVP	One Court Square	19	Long Island City	NY	11120
Dan	Kaidan	AVP	One Court Square	19	Long Island City	NY	11120
William	Kessler	AVP	201 W. Lexington Drive	5	Glendale	CA	91203
Robert	Pape	AVP	One Court Square	19	Long Island City	NY	11120
Barbara	Yellin	AVP	One Court Square	24	Long Island City	NY	11120
William	Tyson	AVP	1101 Pennsylvania Avenue NW	11	Washington	DC	20004
Roberta	Kilkenny	Assistant Treasurer	One Court Square	47	Long Island City	NY	11120
John	Mallett	Assistant Treasurer	One Court Square	47	Long Island City	NY	11120

ATTACHMENT
#1990000492