

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90203 049 ***150.00

00074034



DO NOT WRITE IN THIS SPACE

DOCUMENT # P12593

1. Entity Name

SIRIUS AMERICA INSURANCE COMPANY

Principal Place of Business

Mailing Address

**WILLIAM STREET
 NEW YORK NY 10038**

**110 WILLIAM STREET
 NEW YORK NY 10038-3901**

2. Principal Place of Business

375 PARK AVENUE

3. Mailing Address

375 PARK AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 2107

SUITE 2107

City & State

City & State

NEW YORK, NY

NEW YORK, NY

Zip

Country

Zip

Country

10152

U.S.

10152

U.S.

4. FEI Number

13-2930697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301**

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, 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

TITLE	AS	<input type="checkbox"/> Delete
NAME	SANTOS, MARLENE	
STREET ADDRESS	110 WILLIAM STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	CD	<input type="checkbox"/> Delete
NAME	THORSTENSSON, GORAN	
STREET ADDRESS	SIRIUS INTERNATIONAL	
CITY-ST-ZIP	STOCKHOLM SW	
TITLE	SVDT	<input checked="" type="checkbox"/> Delete
NAME	HENRY, BURTON I.	
STREET ADDRESS	110 WILLIAM STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILLIAM F	
STREET ADDRESS	110 WILLIAM STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILLIAM F	
STREET ADDRESS	110 WILLIAM STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	KAMINSKY, SYLVIA	
STREET ADDRESS	110 WILLIAM STREET	
CITY-ST-ZIP	NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	375 PARK AVENUE - STE. 2107	
CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVCIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. CROWE	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE	SVCIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER GALLAGHER	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN M. KORNOSIS	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE	AVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN MARIE CHAO	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10152	

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:

Marlene Santos ASSISTANT SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 (212) 702-8709

Date

Daytime Phone #

014 (1999)