

# 2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12593

1. Entity Name

SIRIUS AMERICA INSURANCE COMPANY

Principal Place of Business

375 PARK AVENUE  
SUITE 2107  
NEW YORK NY 10152

Mailing Address

375 PARK AVENUE  
SUITE 2107  
NEW YORK NY 10152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS  
NAME SANTOS, MARLENE ☐ Delete  
STREET ADDRESS 375 PARK AVENUE, SUITE 2107  
CITY-ST-ZIP NEW YORK NY 10152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD  
NAME THORSTENSSON, GORAN ☐ Delete  
STREET ADDRESS SIRIUS INTERNATIONAL  
CITY-ST-ZIP STOCKHOLM SW

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVCO  
NAME CROWE, JAMES A ☐ Delete  
STREET ADDRESS 357 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVCU  
NAME GALLAGHER, CHRISTOPHER ☐ Delete  
STREET ADDRESS 375 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPT  
NAME KORNOBIS, JOHN M ☐ Delete  
STREET ADDRESS 375 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AVS  
NAME CHO, JEAN M ☐ Delete  
STREET ADDRESS 375 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 - MARLENE SANTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01

Date

(212) 702-3709

Daytime Phone #

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90136 026 \*\*\*550.00

A0064375



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)