

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90250 008 ***150.00

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

**120 WEST 43rd STREET
SUITE, Apt. #, etc.
36th FLOOR**

3. Mailing Address

**120 WEST 43rd STREET
SUITE, Apt. #, etc.
36th FLOOR**



04132004

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE **P** ☐ Delete
NAME **WILLIAM, F. DAVIS**
STREET ADDRESS **375 PARK AVE.**
CITY-ST-ZIP **NEW YORK, NY 10152**

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

TITLE **SVCU** ☐ Delete
NAME **THYS, JOHN**
STREET ADDRESS **375 PARK AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10152**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marlene Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

212-702-3709

Daytime Phone #