

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90139 013 ***150.00

DOCUMENT # P12593

1. Entity Name
SIRIUS AMERICA INSURANCE COMPANY



Principal Place of Business
**120 WEST 45TH STREET 36TH FLOOR
NEW YORK, NY 10036**

Mailing Address
**120 WEST 45TH STREET 36TH FLOOR
NEW YORK, NY 10036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005

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**

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. 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, 2005 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 120 WEST 45th STREET, 36th Fl.
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 WEST 45th STREET, 36th Fl.
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CITY-ST-ZIP NEW YORK, NY 10036

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-Rosario

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

212-702-3709

Daytime Phone #