

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:38

DOCUMENT # P25626

(3)

1. Corporation Name

FG INSURANCE CORPORATION

Principal Place of Business

800 SILVER LAKE BLVD.
DOVER DE 19901
US

Mailing Address

P.O. BOX 7031
ATT: FINANCE DEPARTMENT
DOVER DE 19903
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1989

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2048400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

19904

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WILDE, PETER R
STREET ADDRESS	800 SILVER LAKE BLVD.
CITY- ST- ZIP	DOVER DE
TITLE	VSD
NAME	LIEBOWITZ, ALAN F
STREET ADDRESS	800 SILVER LAKE BLVD.
CITY- ST- ZIP	DOVER DE
TITLE	VTD
NAME	OATES, JOHN T
STREET ADDRESS	800 SILVER LAKE BLVD.
CITY- ST- ZIP	DOVER DE
TITLE	V
NAME	MILLER, ERIC S
STREET ADDRESS	800 SILVER LAKE BLVD.
CITY- ST- ZIP	DOVER DE
TITLE	VT
NAME	FORCADE, DANIEL F
STREET ADDRESS	800 SILVER LAKE BLVD.
CITY- ST- ZIP	DOVER DE
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	AMSTUTZ, ARNOLD E.
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the recorder or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed or not in attachment with an addition).

SIGNATURE:

Daniel F. Forcade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL F. FORCADE V.P. - TREASURER

1-25-95

Date

302-672-5060

Office Phone #