

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Matheson
Commissioner
DIVISION OF CORPORATIONS

DOCUMENT # P25626

(3)

1. Corporation Name

FG INSURANCE CORPORATION

Principal Place of Business

800 SILVER LAKE BLVD
DOVER DE 19901
US

Main Office

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



2. Principal Place of Business

2a. Mailed Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

19904

25

29

30

9. Name and Address of Current 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 609 and 610, Florida Statutes, this corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, being duly sworn, depose and say that the corporation has not done so. I hereby accept the appointment as registered agent. I am familiar with the provisions of the said statutes and the consequences of my statements.

SIGNATURE

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

12a

PD

☒ DELETED

12b

AMSTUTZ, ARNOLD E.
800 SILVER LAKE BLVD.
DOVER DE

12c

VSD

☒ DELETED

12d

LIEBOWITZ, ALAN F.
800 SILVER LAKE BLVD.
DOVER DE

12e

VTD

☒ DELETED

12f

OATES, JOHN T.
800 SILVER LAKE BLVD.
DOVER DE

12g

V

☐ DELETED

12h

MILLER, ERIC S.
800 SILVER LAKE BLVD.
DOVER DE

12i

VT

☐ DELETED

12j

FORCADE, DANIEL F.
800 SILVER LAKE BLVD.
DOVER DE

12k

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12t

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12u

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☐ DELETED

12w

☐ DELETED

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am duly sworn and depose and say that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am duly sworn and depose and say that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daniel F. Forcade

Daniel F. Forcade

3/15/96

(302)672-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)