

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:02

DOCUMENT # P34863 (1)

1. Corporation Name

GERLING AMERICA INSURANCE COMPANY

Principal Place of Business

717 FIFTH AVENUE
NEW YORK NY 10022

Mailing Address

717 FIFTH AVENUE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/25/1991

3a. Date of Last Report
03/07/1994

4. FEI Number
13-3071466

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 County

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ZECH, JUERGEN
STREET ADDRESS	DONAUEG 7D 50858
CITY - ST - ZIP	COLOGNE, GERMANY
TITLE	DP
NAME	SCHLAEGER, WOLFGANG
STREET ADDRESS	400 EAST 70TH ST
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	ADELMAN, HAROLD L.
STREET ADDRESS	6 BAUMONT DRIVE
CITY - ST - ZIP	PLAINVILLE NY
TITLE	VT
NAME	FU, JACK
STREET ADDRESS	15 APPLGROVE DRIVE
CITY - ST - ZIP	HOLMDEL NJ
TITLE	VS
NAME	KOEPKE, JACK E
STREET ADDRESS	11 ECHO LANE
CITY - ST - ZIP	GREENWICH CT
TITLE	V
NAME	LAURIDSEN, DAVID H
STREET ADDRESS	155 TURRELL AVE.
CITY - ST - ZIP	SOUTH ORANGE NJ 07070

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
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	VTD
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	VSJ
5.3 STREET ADDRESS	Robbins, James A.
5.4 CITY - ST - ZIP	424 West End Avenue New York, NY 10024
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)(k), 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 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 12 or Block 13, if changed, or being attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #