


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34863** (1)
1. Corporation Name
GERLING AMERICA INSURANCE COMPANY

Principal Place of Business 717 FIFTH AVE 16TH FLOOR NEW YORK NY 10022 US	Mailing Address 717 FIFTH AVE. 16TH FLOOR NEW YORK NY 10022 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1991

4. FEI Number
13-3071466

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 21 717 Fifth Ave Suite, Apt. #, etc. 22 16th Floor City & State 23 New York NY Zip 24 10022	2a. Mailing Address 26 717 Fifth Ave. Suite, Apt. #, etc. 27 16th Floor City & State 28 New York NY Zip 29 10022	Country 25 USA	Country 30 USA
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INSURANCE COMMISSIONER
PLAZA LEVEL 11 THE CAPITOL
TALLAHASSEE FL 32399

81 Name Treasurer and Insurance Commissioner	82 Street Address (P.O. Box Number is Not Acceptable) Insurance Department	83 Plaza Level 11 The Capitol	84 City Tallahassee	85 Zip Code FL 32399
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZECH, JUERGEN	1.2 NAME	
STREET ADDRESS	DONAUEG 7D 50858	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLOGNE, GERMANY	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLAEGER, WOLFGANG	2.2 NAME	
STREET ADDRESS	400 EAST 70TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELMAN, HAROLD L.	3.2 NAME	
STREET ADDRESS	6 BAUMONT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVILLE NY	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELMAN, HAROLD L.	4.2 NAME	
STREET ADDRESS	6 BEUMONT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, RICHARD M	5.2 NAME	
STREET ADDRESS	951 JEROME ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN NY	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALASCIONE, STEPHEN M.	6.2 NAME	
STREET ADDRESS	314 GARFIELD PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NE	6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with my address.

SIGNATURE _____
2/17/98 112-761-9112

CR2E034 (10/97)

**Name and Address of each Key Officer of the
Gerling America Insurance Company**

as of 12/31/97

Thomas Reineke - Chairman of the Board
Gereonshof
5000 Cologne 1, Germany

Wolfgang Schlaeger - President & Chief Executive Officer
717 Fifth Avenue
New York, New York 10022

Richard M. Barrow - Senior Vice President , Chief Financial Officer & Treasurer
717 Fifth Avenue
New York, New York 10022

Stephen M. Calascione - Senior Vice President
717 Fifth Avenue
New York, New York 10022

Felix P. Moskie - Senior Vice President
717 Fifth Avenue
New York, New York 10022

Joseph L. Pulvirenti - Vice President and Corporate Secretary
717 Fifth Avenue
New York, New York 10022

Amara A. Tomas - Vice President & Controller
717 Fifth Avenue
New York, New York 10022

Lawrence S. David - Vice President
717 Fifth Avenue
New York, New York 10022

Michael J. Hyland - Vice President
717 Fifth Avenue
New York, New York 10022

Michael LaRocca - Vice President
717 Fifth Avenue
New York, New York 10022

Uwe Schoberth - Vice President
717 Fifth Avenue
New York, New York 10022

Name and Address of each member of
Gerling America Insurance Company's
Board of Directors:

As of 12/31/97

Thomas Reineke - Chairman
Gereonshof
5000 Cologne 1, Germany

Richard M. Barrow
717 Fifth Avenue
New York, New York 10022

Stephen M. Calascione
717 Fifth Avenue
New York, New York 10022

Michael J. Hyland
717 Fifth Avenue
New York, New York 10022

Dr. Hermann Jörisen
Gereonshof
5000 Cologne 1, Germany

Michael P. LaRocca
717 Fifth Avenue
New York, New York 10022

Felix P. Moskie
717 Fifth Avenue
New York, New York 10022

Dietmar Nowak
Gereonshof
5000 Cologne 1, Germany

Joseph L. Pulvirenti
717 Fifth Avenue
New York, New York 10022

Horst (Tom) Reimer
150 N. Wacker Dr., Ste 2100
Chicago, Illinois 60606

Wolfgang Schlaeger
717 Fifth Avenue
New York, New York 10022

Dr. Juergen Zech
Gereonshof
5000 Cologne 1, Germany