

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90134 010 ***150.00

DOCUMENT # P34863

1. Entity Name
GERLING AMERICA INSURANCE COMPANY

Principal Place of Business
**717 5TH AVE
 16TH FLOOR
 NEW YORK NY 10022
 US**

Mailing Address
**717 FIFTH AVE.
 16TH FLOOR
 NEW YORK NY 10022
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3071466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREASURER & INSURANCE COMMISSIONER
 C/O INSURANCE DEPT
 PLAZA LEVEL II THE CAPITOL
 TALLAHASSEE FL 32399**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZECH, JUERGEN DONAUWEG 70 50858 COLOGNE, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD LAROCCA, MICHAEL P 717 FIFTH AVE NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, RICHARD M 951 JEROME ST BALDWIN NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, JOHN 717 5TH AVE NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NOACK, PETER 717 5TH AVE NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD DAVIDOWITZ, MARK 717 5TH AVE NEW YORK NY 10022	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
D# P34863

NAME AND ADDRESS OF EACH DIRECTOR AND KEY
OFFICER OF THE GERLING AMERICA INSURANCE COMPANY
AS OF 12/31/00

TITLE: C/D
NAME: Björn Jansli
STREET ADDRESS: Gereonshof
CITY - ST - ZIP: 5000 Cologne 1, Germany

TITLE: D
NAME: Andreas H. Henke
STREET ADDRESS: 480 University Avenue
CITY - ST - ZIP: Toronto, Ontario M5G 1V6 Canada

TITLE: D
NAME: Dr. Hermann Jörissen
STREET ADDRESS: Gereonshof
CITY - ST - ZIP: 5000 Cologne 1, Germany

TITLE: D
NAME: Richards Barger
STREET ADDRESS: 515 South Flower Street, 34th Floor.
CITY - ST - ZIP: Los Angeles, CA 90071-2200

TITLE: V/D
NAME: Leland Proimos
STREET ADDRESS: 550 S. Hope Street, Ste 1850
CITY - ST - ZIP: Los Angeles, CA 90071

TITLE: V/S/D
NAME: Joseph L. Pulvirenti
STREET ADDRESS: 717 Fifth Avenue
CITY - ST - ZIP: New York, NY 10022

TITLE: D
NAME: David F. Huebel
STREET ADDRESS: 480 University Avenue
CITY - ST - ZIP: Toronto, Ontario M5G 1V6 Canada

TITLE: V/D
NAME: Larry A. Crotser
STREET ADDRESS: 717 Fifth Avenue
CITY - ST - ZIP: New York, NY 10022

TITLE: V
NAME: Amara A. Tomas
STREET ADDRESS: 717 Fifth Avenue
CITY - ST - ZIP: New York, NY 10022