

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90070 009 \*\*\*150.00

**DOCUMENT # P34863**

1. Entity Name

**GERLING AMERICA INSURANCE COMPANY**



Principal Place of Business

**717 5TH AVE  
14TH FLOOR  
NEW YORK NY 10022**

US

Mailing Address

**717 5TH AVE  
14TH 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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>ZECH, JUERGEN</b>	
STREET ADDRESS	<b>DONAUEG 7D 50858</b>	
CITY-ST-ZIP	<b>COLOGNE, GERMANY</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>LARocca, MICHAEL P</b>	
STREET ADDRESS	<b>717 FIFTH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	<b>BARROW, RICHARD M</b>	
STREET ADDRESS	<b>951 JEROME ST</b>	
CITY-ST-ZIP	<b>BALDWIN NY</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>MARTIN, JOHN</b>	
STREET ADDRESS	<b>717 5TH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>NOACK, PETER</b>	
STREET ADDRESS	<b>717 5TH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>DAVIDOWITZ, MARK</b>	
STREET ADDRESS	<b>717 5TH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jansli, Björn</b>	
STREET ADDRESS	<b>Gereonshof</b>	
CITY-ST-ZIP	<b>5000 Cologne, Germany</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF OFFICER OR DIRECTOR**

*Israel G. Silverman*

**1/9/03**

Date

**212-745-0712**

Daytime Phone #

CR2E034 (10/02)

NAME AND ADDRESS OF EACH DIRECTOR AND KEY  
OFFICER OF THE GERLING AMERICA INSURANCE COMPANY  
AS OF 12/31/02

Attachment  
P34863

300/4982

8004536

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

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

TITLE: D  
NAME: Petrolino, Kevin M.  
STREET ADDRESS: 717 Fifth Avenue  
CITY - ST - ZIP: New York, NY 10022

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

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

\* TITLE: D  
NAME: Silverman, Israel A.  
STREET ADDRESS: 717 Fifth Avenue  
CITY - ST - ZIP: New York, NY 10022

TITLE: D  
NAME: Thompson, John J.  
STREET ADDRESS: 550 South Hope Street, Ste. 1850  
CITY - ST - ZIP: Los Angeles, CA 90071