

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39200

(1)

1. Corporation Name

FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

Principal Place of Business

Mailing Address

1160 PARSIPPANY BOULEVARD
PARSIPPANY NJ 07054
US

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PARSIPPANY NJ 07054
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1992

3a. Date of Last Report

02/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number

22-2291229

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD
NAME	LYNCH, PATRICK J.
STREET ADDRESS	9 NOTTINGHAM DRIVE
CITY-ST-ZIP	FLORHAM PARK NJ
TITLE	TD
NAME	TEEVAN, JOHN P., JR.
STREET ADDRESS	48 CENTERVILLE ROAD
CITY-ST-ZIP	HOLMDEL NJ
TITLE	D
NAME	DOLAN, EDWIN A JR.
STREET ADDRESS	100 VAIL ROAD M-1
CITY-ST-ZIP	PARSIPPANY NJ
TITLE	V
NAME	BLAZIER, MOIRA M.
STREET ADDRESS	197 ELKWOOD AVENUE
CITY-ST-ZIP	NEW PROVIDENCE NJ
TITLE	D
NAME	TEEVAN, MARTIN O.
STREET ADDRESS	33 SEVEN OAK CIRCLE
CITY-ST-ZIP	HOLMDEL NJ
TITLE	D
NAME	VAN CLEAVE, RICHARD S. III
STREET ADDRESS	12 WIMBLEDON COURT
CITY-ST-ZIP	CEDAR GROVE NJ

1.1 TITLE	SIV	☐ Change ☒ Addition
1.2 NAME	MICHAEL J. TOLLY	
1.3 STREET ADDRESS	15 HAMPTON DOWNES, RD. 3	
1.4 CITY-ST-ZIP	NEWTON, NJ 07400	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	GLENN A. RUDE	
2.3 STREET ADDRESS	26 WENDONAH AVE	
2.4 CITY-ST-ZIP	LAKE HAWATHA, NJ, 07034	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	JOSEPH G. GLAVIN, JR., ESQ.	
3.3 STREET ADDRESS	364 MT LAUREL LAKE	
3.4 CITY-ST-ZIP	BRIERE, NJ 08730	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	ANSEL LUDWICK	
4.3 STREET ADDRESS	6101 NORTH WARE	
4.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73112	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	KENNETH D. MEEHAN	
5.3 STREET ADDRESS	5 RIGGS COURT	
5.4 CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
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 119.07(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 recorder 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. TEEVAN

8/23/95

(001) 462-1200