

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90316 045 ***150.00

DOCUMENT # P39200

1. Entity Name

FIRST INDEMNITY OF AMERICA INSURANCE COMPANY



Principal Place of Business

119 LITTLETON ROAD
PARSIPPANY NJ 07054
US

Mailing Address

119 LITTLETON ROAD
PARSIPPANY NJ 07054
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

22-2291229

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

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, 2004 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 V ☐ Delete
NAME RUNNE, GLENN A
STREET ADDRESS 26 WENONAH AVENUE
CITY-ST-ZIP LAKE HIAWATHA NJ

TITLE TD ☐ Delete
NAME TEEVAN, JOHN P JR
STREET ADDRESS 48 CENTERVILLE ROAD
CITY-ST-ZIP HOLMDEL NJ

TITLE V ☐ Delete
NAME BLAZIER, MOIRA M
STREET ADDRESS 197 ELKWOOD AVENUE
CITY-ST-ZIP NEW PROVIDENCE NJ

TITLE D ☐ Delete
NAME TEEVAN, MARTIN O
STREET ADDRESS 33 SEVEN OAK CIRCLE
CITY-ST-ZIP HOLMDEL NJ

TITLE D ☐ Delete
NAME LYNCH, PATRICK J
STREET ADDRESS 15 NORTH RIDGE ROAD
CITY-ST-ZIP DENVER NJ

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 titles empowered.

SIGNATURE:

Glenn A. Runne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 973-402-1200
Date Daytime Phone #