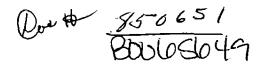
## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 850651  1. Entity Name SECURITY REINSURANCE COMPANY					Sep 17, 2001 8:00 am Secretary of State 09-17-2001 90149 003 ***550.00		
Principal Place of Business  9 FARM SPRINGS RD FARMINGTON CT 06032		Mailing Address 9 FARM SPRINGS RD FARMINGTON CT 06032			B0065649		
2. Principal Place of Business		3. Mailing Address			) (1810) (186) B)(() BB)(4) G(() B)(() B)	B‡Bči BJBJI BJBŽI BJBJI BJB	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	. FEI Number <b>06-1008792</b>	<del></del>	plied For ot Applicable
Zip	Country	Zip	Country			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG				Street Address (P.O. Box Number is Not Acceptable)			
	SSEE FL 32301		City			FL Zip Code	<b>)</b>
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered a	agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signatu	re required wher	n 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 After September 12, 2001 Make Check Payable to D				e \$750.00	10. Election Campaign Financia Trust Fund Contribution.		<b>0</b> May Be I to Fees
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	VP SEMERARO, DAVID B 9 FARM SPRINGS ROAD FARMINGTON CT 06032	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEMERARO, DAVID B 9 FARM SPRINGS ROAD FARMINGTON CT 06032	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVGC WHEELER, JOYCE W 9300 AROOWPOINT BOULEVARD CHARLOTTE NC 28201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHED LI		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GOWEN, LAWRENCE 9300 ARROWPOINT BLVD CHARLOTTE NC 28201	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E ATTA		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC VINCI, PETER M 9 FARM SPRINGS ROAD FARMINGTON CT 06032	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S		☐ Change	Addition
	S SPITZER, JUDY S 9 FARM SPRINGS ROAD FARMINGTON CT 06032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with to this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, we	rue and accurate and that my vered to execute this report as	/ signature shall h	ave the sam	e legal effect as if made under oath:	that I am an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Directors, Officers Report**



Orion Insurance Company as of Saturday, June 30, 2001 Wednesday, July 25, 2001

## **DIRECTORS**

Terry Broderick Chairman Joseph F. Fisher Director Ernest C. Frohboese Director Stephen M. Mulready Director James R. Pouliot Director Paul H. Stewman Director John Tighe Director Joyce W. Wheeler Director

## **OFFICERS**

Terry Broderick President and Chief Executive Officer

James R. Pouliot Chief Operating Officer of Personal Insurance

Paul H. Stewman Executive Vice President

Joseph F. Fisher Senior Vice President and Chief Financial Officer
Ernest C. Frohboese Senior Vice President and Chief Investment Officer
Michael J. McGinley Senior Vice President and Chief Claim Officer

Stephen M. Mulready Senior Vice President
John Tighe Senior Vice President

Joyce W. Wheeler Senior Vice President, Chief Corporate Officer and General Counsel

Peter M. Vinci Vice President and Controller

Judy S. Spitzer Corporate Secretary