

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90067 021 \*\*\*150.00

**DOCUMENT # F95000000711**

1. Entity Name

**RECOR INSURANCE COMPANY INC.**

Principal Place of Business 500 N BROADWAY STE 142 JERICHO NY 11753 US	Mailing Address 500 N BROADWAY STE 155 JERICHO NY 11753-2191 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>13-3641796</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>COLE, RICHARD E</b> 500 N BROADWAY STE 155 JERICHO NY 11753 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/CEO</b> <b>James E. Roberts</b> 500 North Broadway STE 155 Jericho, NY 11753 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BENSINGER, STEVEN J</b> 500 NORTH BROADWAY STE 155 JERICHO NY 11753 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Michael J. Warfield</b> 500 North Broadway STE 155 Jericho, NY 11753 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS</b> <b>JOHN V DEL COL</b> 500 N BROADWAY STE 155 JERICHO NY 11753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>KIRK-ANCE CAROLE</b> 500 N BROADWAY STE 155 JERICHO NY 11753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MEYERS, CHARLES E</b> 500 N BROADWAY STE 155 JERICHO NY 11753 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Yvonne M. Poster</b> 500 North Broadway STE 155 Jericho, NY 11753 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PRIMERANO, RICHARD B</b> 500 NORTH BROADWAY STE 155 JERICHO NY 11753 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Steven J. Bensinger</b> 500 North Broadway STE 155 Jericho, NY 11753 <input 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 all other like empowered.

SIGNATURE: JOHN V. Del Col 4-4-00 (203) 602-3074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

795000000711

Attachment  
00059130

# ReCor

INSURANCE COMPANY INC.

500 North Broadway, Suite 155  
Jericho, New York 11753

Telephone: (516) 822-9410  
Fax: (516) 822-9570

D  
Richard E. Cole  
155 North Broadway STE 155  
Jericho, NY 11753

D  
Alan L. Hunte  
500 North Broadway Ste 155  
Jericho, NY 11753  
*Addition*

D  
Paul Feldsher  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
James E. Roberts  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
Frederick D. Watkins  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
James F. Billet, Jr.  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
Robert M. DeMichele  
500 North Broadway STE 155  
Jericho, NY 11753

D  
Robert A. Giambo  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
Joseph D. Sarent  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
Steven J. Cohen  
500 North Broadway STE 155  
Jericho, NY 11753  
*Addition*

D  
Jeffrey A. Englander  
500 North Broadway STE 155  
Jerich, NY 11753  
*Addition*