

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90381 033 ***150.00

0442896

DOCUMENT # F95000000711

1. Entity Name
RECOR INSURANCE COMPANY INC.

Principal Place of Business

**500 N BROADWAY
 STE 142
 JERICO NY 11753
 US**

Mailing Address

**500 N BROADWAY
 STE 155
 JERICO NY 11753
 US**

2. Principal Place of Business

One Canterbury Green

Suite, Apt. #, etc.

3. Mailing Address

One Canterbury Green

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stamford, CT

City & State

Stamford, CT

4. FEI Number

13-3641796

Applied For

Not Applicable

Zip

06901

Country

Fairfield

Zip

06901

Country

Fairfield

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

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 _____

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

(NOTE: Registered Agent signature required when 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 IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **CCEO** Delete
 NAME: **ROBERTS, JAMES E**
 STREET ADDRESS: **500 N BROADWAY STE 155**
 CITY-ST-ZIP: **JERICO NY 11753**

TITLE: **PD** Delete
 NAME: **WARFIELD, MICHAEL J**
 STREET ADDRESS: **500 NORTH BROADWAY STE 155**
 CITY-ST-ZIP: **JERICO NY 11753**

TITLE: **VPS** Delete
 NAME: **JOHN V DEL COL**
 STREET ADDRESS: **500 N BROADWAY STE 155**
 CITY-ST-ZIP: **JERICO NY 11753**

TITLE: **VPT** Delete
 NAME: **KIRK-ANCE CAROLE**
 STREET ADDRESS: **500 N BROADWAY STE 155**
 CITY-ST-ZIP: **JERICO NY 11753**

TITLE: **VP** Delete
 NAME: **POSTER, YVONNE M**
 STREET ADDRESS: **500 N BROADWAY STE 155**
 CITY-ST-ZIP: **JERICO NY 11753**

TITLE: **D** Delete
 NAME: **BENSINGER, STEVEN J**
 STREET ADDRESS: **500 NORTH BROADWAY STE 155**
 CITY-ST-ZIP: **JERICO NU 11753**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME: **One Canterbury Green**
 STREET ADDRESS: **Stamford, CT 06901**

TITLE: Change Addition
 NAME: **President & Director Peter R. Ziesing**
 STREET ADDRESS: **One Canterbury Green**
 CITY-ST-ZIP: **Stamford, CT 06901**

TITLE: Change Addition
 NAME: **Sr. VP & Secretary**
 STREET ADDRESS: **One Canterbury Green**
 CITY-ST-ZIP: **Stamford, CT 06901**

TITLE: Change Addition
 NAME: **VP & Treasurer David M. Finkelstein**
 STREET ADDRESS: **One Canterbury Green**
 CITY-ST-ZIP: **Stamford, CT 06901**

TITLE: Change Addition
 NAME: **Sr. VP**
 STREET ADDRESS: **One Canterbury Green**
 CITY-ST-ZIP: **Stamford, CT 06901**

TITLE: Change Addition
 NAME: **One Canterbury Green**
 STREET ADDRESS: **Stamford, CT 06901**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John V. Del Col

4/12/01

Date

(203) 602-3074

Daytime Phone #

CR2E034 (10/00)