SIGNATURE

## CAPITAL TITLE REINSURANCE COMPANY

DOCUMENT # F9600002001

ACE Capital Title Reinsurance Company (name change amendment filed

Principal Place of Business 1325 AVENUE OF THE AMERICAS, 18TH,FL NEW YORK NY 10019

Mailing Address

1325 AVENUE OF THE AMERICAS, 18TH FL

NEW YORK NY 10019

## FILED May 22, 2001 8:00 am Secretary of State

05-22-2001 90630 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 06-1434264 Zip Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

\$8.75 Additional 5. Certificate of Status Desired Fee Required

Name INSURANCE COMMISSIONER CAPITOL BLDG

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

TALLAHASSEE FL 32399-0300

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO CEO/D/C ☐ Addition TITLE ☐ Delete TITLE XXI Channe JURSCHAK, JEROME R NAME NAME STREET ADDRESS 1325 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 XX Delete **VCFO** VP/T/D TITLE XX Addition TITLE ☐ Change BUZEN, DAVID A NAME NAME Robert A. Bailenson STREET ADDRESS 1325 AVENUE OF THE AMERICAS, 18TH FL STREET ADDRESS 1325 Ave. of the Americas, 18th Floor New York, NY 10019 CITY-ST-ZIE **NEW YORK NY 10019** CITY-ST-ZIP Addition TITLE ☐ Change XX Delete TITLE VP/D BUZEN, DAVID A NAME NAME Carmel Caramagna 1325 Ave. of the Americas, 18th Floor STREET ADDRESS 1325 AVENUE OF THE AMERICAS, 18TH FL STREET ADDRESS New York, NY 10019 CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP **XX** Change TITLE ☐ Delete TITLE Addition P/D DONNELLY, LAURENCE C.D. NAME NAME STREET ADDRESS 1325 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 VASD XX Delete TITLE SVP/D ☐ Change XX Addition ROSEMAN, ALAN S NAME NAME Richard W. Reese 1325 Ave. of the Americas, 18th Floor 1325 AVENUE OF THE AMERICAS, 18TH FL STREET ADDRESS STREET ADDRESS New York, NY 10019 CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP SVPS TITLE ☐ Delete EVP/S TITLE XX Change ☐ Addition Bregman, Norie R NAME NAME STREET ADDRESS 1325 AVE OF THE AMERICAS STREET ADDRESS CONTINUED ON ATTACHMENT CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pn/27 2001

(212) 974-0100

CR2E034 (10/00)

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2001 FLORIDA UNIFORM BUSINESS REPORT

ACE CAPITAL TITLE REINSURANCE COMPANY
SUPPLEMENT TO QUESTION # 12 – OFFICERS AND DIRECTORS (continued)

VP/D Winston Wohr 1325 Ave. of the Americas New York, NY 10019