2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90110 021 ***150.00

DOCUMENT # F96000002001

1. Entity Name
ACE CAPITAL TITLE REINSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

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 06-1434264 ☐ 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
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32399-0300	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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO JURSCHAK, JEROME R 1325 AVENUE OF THE AMERICAS NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD BAILENSON, ROBERT A 1325 AVENUE OF THE AMERICAS, 18TH FL NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/T/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARAMAGNA, CARMEL 1325 AVENUE OF THE AMERICAS, 18TH FL NEW YORK NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP/S/D Bregman, Norie R. 1325 Ave. of the Americas New York, NY 10019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONNELLY; LAURENCE C.D. 1325 AVENUE OF THE AMERICAS NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD REESE, RICHARD W 1325 AVENUE OF THE AMERICAS, 18TH FL NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPS WOHR, WINSTON 1325 AVE OF THE AMERICAS NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/D	☐ Change ☐ 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: [signature] 4/10/01 212-974-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

ATTACH DOC# F96000000 2001/635579

ACE Capital Title
Reinsurance Company
1325 Avenue of the Americas
New York NY 10019

212-261-5513 *tel*
212-974-0096 *fax*
elanzisera@acecapitalre.com

ace financial services

Eileen M. Lanzisera
Sr. Legal Assistant

April 10, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

ACE Capital Title Reinsurance Company
2002 Uniform Business Report

Dear Sir/Madam:

Enclosed please find the completed report referenced above, accompanied by our check in the amount of $150.00 in payment of the filing fee.

We trust you will find this satisfactory. If you have any questions or require additional information, please do not hesitate to contact me at (212) 261-5513.

Sincerely,

Eileen M. Lanzisera