

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90078 002 \*\*\*150.00

**DOCUMENT # F97000004652**

1. Entity Name

**SWISS-AM REASSURANCE COMPANY**

Principal Place of Business

Mailing Address

237 PARK AVE  
 NEW YORK NY 10017

237 PARK AVE  
 NEW YORK NY 10017-3140

2. Principal Place of Business

**969 High Ridge Road**

3. Mailing Address

**969 High Ridge Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Stamford, CT**

City & State

**Stamford, CT**

4. FEI Number

**22-2374444**

Applied For

Not Applicable

Zip

**06905**

Country

**USA**

Zip

**06905**

Country

**USA**

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

**CT CORPORATION SYSTEM  
 1200 SO PINE ISLAND RD  
 PLANTATION FL 33324**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	<b>P</b>
NAME	<b>STROUP, CHRIST C</b>	NAME	<b>STROUP, CHRIS C</b>
STREET ADDRESS	<b>182 DEER RUN ROAD</b>	STREET ADDRESS	<b>969 HIGH RIDGE ROAD</b>
CITY-ST-ZIP	<b>WILTON CT 06897</b>	CITY-ST-ZIP	<b>STAMFORD, CT 06905</b>
TITLE	<b>CD</b>	TITLE	<b>CEO</b>
NAME	<b>HART, JEFF R</b>	NAME	<b>DUBOIS, JACQUES E.</b>
STREET ADDRESS	<b>185 MOUNTAIN AVE</b>	STREET ADDRESS	<b>969 HIGH RIDGE ROAD</b>
CITY-ST-ZIP	<b>MONTCLAIR NJ 07042</b>	CITY-ST-ZIP	<b>STAMFORD, CT 06905</b>
TITLE	<b>VD</b>	TITLE	<b>CFO</b>
NAME	<b>HEILBRON, EDWARD R</b>	NAME	<b>HEAD, ALAN D.</b>
STREET ADDRESS	<b>7 MIDDLESEX ST</b>	STREET ADDRESS	<b>969 HIGH RIDGE ROAD</b>
CITY-ST-ZIP	<b>WELLESLEY MA</b>	CITY-ST-ZIP	<b>STAMFORD, CT 06905</b>
TITLE	<b>GC, Secretary</b>	TITLE	<b>GC, Secretary</b>
NAME	<b>WILSON, W. WELDON</b>	NAME	<b>WILSON, W. WELDON</b>
STREET ADDRESS	<b>969 HIGH RIDGE ROAD</b>	STREET ADDRESS	<b>969 HIGH RIDGE ROAD</b>
CITY-ST-ZIP	<b>STAMFORD, CT 06905</b>	CITY-ST-ZIP	<b>STAMFORD, CT 06905</b>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

1/11/00 203/321-3122

Date Daytime Phone #

CRPE034 (9/99)