

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90004 021 \*\*\*150.00

**DOCUMENT # P11547**

1. Entity Name

**GENERAL & COLOGNE LIFE RE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

~~90 OAK STREET~~  
~~STAMFORD CT 06905-5309~~

~~30 OAK STREET~~  
~~STAMFORD CT 06904-0300~~

**718280**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

695 East Main Street

3. Mailing Address

PO Box 300

Suite, Apt. #, etc.

D3

Suite, Apt. #, etc.

City & State

Stamford, CT

City & State

Stamford, CT

4. FEI Number

13-2572994

Applied For

Not Applicable

Zip  
06904-0300

Country  
USA

Zip  
06904-0300

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

**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32399**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGSIG, MICHAEL F.</b>	
STREET ADDRESS	<b>30 OAK STREET</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>VST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRESPERIN, PERTER W</b>	
STREET ADDRESS	<b>30 OAK STREET</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> Delete
NAME	<b>ELGEE, MICHAEL W</b>	
STREET ADDRESS	<b>30 OAK STREET</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOFT, RICHARD P</b>	
STREET ADDRESS	<b>30 OAK STREET</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PERKINS, ANDREW M</b>	
STREET ADDRESS	<b>30 OAK ST</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, JOHN P.</b>	
STREET ADDRESS	<b>30 OAK STREET</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas Meade West</b>	
STREET ADDRESS	<b>695 East Main Street</b>	
CITY-ST-ZIP	<b>Stamford, CT 06904-0300</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hannah Sexton Young</b>	
STREET ADDRESS	<b>695 East Main Street</b>	
CITY-ST-ZIP	<b>Stamford, Connecticut 06904-0300</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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

4/14/00

Date

203-352-3000

Daytime Phone #

CRZE034 (9/99)