

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90122 021 \*\*\*150.00

**DOCUMENT # 814468**

1. Entity Name  
**GREENWICH INSURANCE COMPANY**

Principal Place of Business <b>ONE GREENWICH PLAZA          P.O. BOX 2568          GREENWICH CT 06836-2658          US</b>	Mailing Address <b>ONE GREENWICH PLAZA          P.O. BOX 2568          GREENWICH CT 06836-2658          US</b>
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00052531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>70 Seaview Ave.          Seaview House</b>	3. Mailing Address <b>70 Seaview Ave.          Seaview House</b>
Suite, Apt. #, etc. <b>Seaview House</b>	Suite, Apt. #, etc. <b>Seaview House</b>
City & State <b>Stamford, CT</b>	City & State <b>Stamford, CT</b>

4. FEI Number **95-1479095** Applied For   
 Not Applicable

Zip <b>06902-6040</b>	Country <b>US</b>	Zip <b>06902-6040</b>	Country <b>US</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 CAPITAL BLDG.  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 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.   
 (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 <b>CD</b>	<input type="checkbox"/> Delete
NAME <b>BROWN, NICHOLAS M JR</b>	
STREET ADDRESS <b>1 GREENWICH PLAZA</b>	
CITY-ST-ZIP <b>GREENWICH CT</b>	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BANNERMAN, MARTHA G</b>	
STREET ADDRESS <b>1 GREENWICH PLAZA</b>	
CITY-ST-ZIP <b>GREENWICH CT</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CALLAHAN, RICHARD J</b>	
STREET ADDRESS <b>1 GREENWICH PLAZA</b>	
CITY-ST-ZIP <b>GREENWICH CT</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>MADSEN, CARL F</b>	
STREET ADDRESS <b>1 GREENWICH PLAZA</b>	
CITY-ST-ZIP <b>GREENWICH CT</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>MILLER, RICHARD H</b>	
STREET ADDRESS <b>1 GREENWICH PLAZA</b>	
CITY-ST-ZIP <b>GREENWICH CT</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

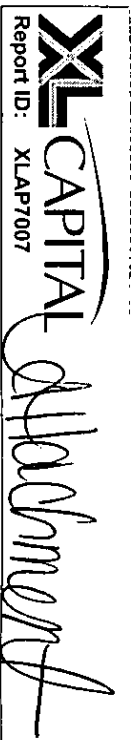
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>70 Seaview Ave</b>	
CITY-ST-ZIP <b>Stamford, CT 06902</b>	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Theresa Morgan</b>	
STREET ADDRESS <b>70 Seaview Ave</b>	
CITY-ST-ZIP <b>Stamford, CT 06902</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>70 Seaview Ave</b>	
CITY-ST-ZIP <b>Stamford, CT 06902</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>70 Seaview Ave</b>	
CITY-ST-ZIP <b>Stamford, CT 06902</b>	
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: Theresa Morgan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)



Business Unit: 72010 Greenwich Insurance Company  
Control Group: 000939

Peoplesoft Accounts Payable  
CONTROL GROUP REGISTER

100052531  
#814468

Control Group Information

Bus Unit	Grp ID	Grp Date	Grp Stat	Assigned Opr	Due Date	Cntl Gross Amount	Cntl Voucher Count
72010	000939	24 Apr 2001	Review	LPETILLI	4/24/01	150.00	1

Voucher Header Information

Bus Unit	Entered Dt	Voucher ID	Invoice ID	Invoice Dt	Vendor ID	Vendor Name	Origin	Operator	Entry Stat	Accg Dt	Post Stat	Dist Cntr ID
72010	25 Apr 2001	00001266	4/25/2001	25 Apr 2001	0000000033	DEPARTMENT OF STATE	ONL	LPETILLI	Postable	25 Apr 2001	Unposted	STANDARD
Appr Stat	Currency	Rate Type	Exchange Rate	Gross Amt	Discount Amt	Use Tax	Sales Tax	Freight Amt	Net Due Dt	Discnt Due Dt	Pymnt Trms	
Approved	USD	CRRNT	1.000000000	150.00	0.00	0.00	0.00	0.00	25 Apr 2001		Due Now	

Voucher Line Information

Line #	Description	Merch Amt	Inv Item ID	Unit Price	Prorate	S	U	F	WTHD	Disc A
1	DEPARTMENT OF STATE	150.00				Y	Y	Y	N	Y
	Sales/Use Tax									
	Sales/Use Tax Exception Type									
	Exception Certificate									
	Intrastat Nature of Transaction									

Distribution Line Information

Line #	Account	Account Descr	Dept ID	GL Unit	Project ID	Product	Geo Code	Year	Open Item ID	Status	Merch Amt	Stat Cd	Statistic Amt
1	614050	License Renewal Fees 42500		72010			FL				150.00		

\* Please return check to me. Thanks.

Total for Entered Date: 25 Apr 2001 150.00 USD

Control Group Total

Bus Unit	Group ID	Group Dt	Group Stat	Assigned Opr	Due Dt	Cntl Gross Amount	Cntl Voucher Count	Calc Gross Amount	Calc Voucher Count
72010	000939	24 Apr 2001	Review	LPETILLI	4/24/01	\$150.00	1	\$150.00	1



Report ID: XLAP7007

Business Unit: 72010  
Control Group: 000939  
Greenwich Insurance Company

*Attachment*

PeopleSoft Accounts Payable  
CONTROL GROUP REGISTER

00052531  
#814468

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Run Date 25-Apr-2001  
Run Time 11:16:59 AM

Total for Business Unit: 72010 150.00

End of Report