

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90023 039 \*\*\*150.00

**DOCUMENT # 839968**

1. Entity Name

**AMERICAN RE-INSURANCE COMPANY**

Principal Place of Business

**555 COLLEGE ROAD, EAST  
P.O. BOX 5241  
PRINCETON NJ 08543**

Mailing Address

**ATTN: IGNACIO RIVERA  
555 COLLEGE ROAD EAST  
PRINCETON NJ 08543-5241**

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

**13-4924125**

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  
CAPITAL BUILDING  
TALLAHASSEE FL 32304**

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  
**CPCE  
NOONAN, EDWARD J  
4 TURNBERRY WAY  
NEW HOPE PA** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JOBE, EDWARD B.  
32 VREELAND CT  
PRINCETON NJ 08540** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LOMBARDO, JOHN N  
302 ANCHORAGE DRIVE  
WOODBURY NY** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVPD  
BURGESS, ROBERT K.  
1 GOVERNOR'S LANE  
PRINCETON NJ** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SVPC  
O'SHAUGHNESSY, GEORGE T JR.  
4 LYNN DRIVE  
MILLTOWN NJ** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVOD  
ABDALLAH, MAHMOUD M.  
245 ARRETON RD  
PRINCETON NE** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ 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 Required**  
**Signature and Typed or Printed Name of Signing Officer or Director**  
**Ignacio Rivera**

1-17-2002

Date

609/243-8770

Daytime Phone #

CR2E034 (9/01)



809/111  
DOC# 839968

**Ignacio Rivera**  
Senior Counsel – Corporate/Securities  
& Assistant Secretary

January 17, 2002

*VIA OVERNIGHT DELIVERY*

Uniform Business Report  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

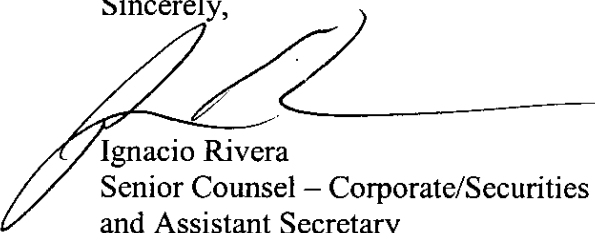
Re: American Re-Insurance Company

To Whom It May Concern:

Please find enclosed for filing the 2002 Profit Corporation Annual Report completed for the above-referenced company, and the company's check in the amount of \$150.00 to cover the filing fees. Please acknowledge receipt of the report by date-stamping the enclosed copy and returning it to my attention in the enclosed self-addressed, stamped envelope.

Should you have any questions or comments regarding this report, please contact me at 609/243-8769. Thank you.

Sincerely,



Ignacio Rivera  
Senior Counsel – Corporate/Securities  
and Assistant Secretary

Enclosures