

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90150 007 ***550.00

DOCUMENT # 841425

1. Entity Name

USF RE INSURANCE COMPANY

AXA RE AMERICA INSURANCE COMPANY

Principal Place of Business

**650 TOWN CENTER DRIVE, SUITE 1600
 COSTA MESA CA 92626**

Mailing Address

**650 TOWN CENTER DRIVE, SUITE 1600
 COSTA MESA CA 92626**

2. Principal Place of Business

1209 Orange Street

Suite, Apt. #, etc.

3. Mailing Address

17 State Street

Suite, Apt. #, etc.

City & State

Wilmington, DE

City & State

New York, NY

4. FEI Number

04-1590940

Applied For

Not Applicable

Zip
19801

Country
US

Zip
10004

Country
US

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
 PLAZA LEVEL II, THE CAPITOL
 TALLAHASSEE, FLORIDA DFL 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 \$550.00
After SEPTEMBER 13, 2000-Min. will be \$750.00
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 **DC** ☒ Delete
 NAME **CARGILE, DAVID**
 STREET ADDRESS **650 TOWN CENTER DR., SUITE 1600**
 CITY-ST-ZIP **COSTA MESA CA**

TITLE **P/CEO/D/O** ☒ Change ☐ Addition
 NAME **Robert Lippincott III**
 STREET ADDRESS **123 Timber Ridge Rd.**
 CITY-ST-ZIP **Newton, PA 18940**

TITLE **DP** ☒ Delete
 NAME **GRUSH, JOHN T.**
 STREET ADDRESS **650 TOWN CENTER DR., SUITE 1600**
 CITY-ST-ZIP **COSTA MESA CA**

TITLE **Exec VP/CEO/T/D/O** ☒ Change ☐ Addition
 NAME **Thomas C. Pucci**
 STREET ADDRESS **56 Edgewood Ave.**
 CITY-ST-ZIP **Nutley, NJ 07110**

TITLE **DVT** ☒ Delete
 NAME **CAPOREALE, CHARLES M**
 STREET ADDRESS **650 TOWN CENTER DR., SUITE 1600**
 CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE **Sr.VP/Controller/O** ☒ Change ☐ Addition
 NAME **John J. Ieston**
 STREET ADDRESS **26 Maripit Place**
 CITY-ST-ZIP **Middletown, NJ 07748**

TITLE **DVS** ☒ Delete
 NAME **VELASCO, JOSE A**
 STREET ADDRESS **650 TOWN CENTER DR., SUITE 1600**
 CITY-ST-ZIP **COSTA MESA CA**

TITLE **Sr.VP/Chief Actuary/O** ☒ Change ☐ Addition
 NAME **Steven B. Goldberg**
 STREET ADDRESS **4024 Greentree Drive**
 CITY-ST-ZIP **Oceanside, NY 11572**

TITLE **DV** ☒ Delete
 NAME **GABBARD, CURTIS A.**
 STREET ADDRESS **650 TOWN CENTER DR., SUITE 1600**
 CITY-ST-ZIP **COSTA MESA CA**

TITLE **VP/State Relations & Compliance/O** ☒ Change ☐ Addition
 NAME **Michael J. Sullivan**
 STREET ADDRESS **50 Berkeley Place**
 CITY-ST-ZIP **Massapequa, NY 11758**

TITLE **D** ☒ Delete
 NAME **SINGER, HOWARD S**
 STREET ADDRESS **5215 OLD ORCAD RD STE 300**
 CITY-ST-ZIP **SMOKIE IL 60077**

TITLE **Sr.VP/General Counsel/O** ☒ Change ☐ Addition
 NAME **Dale A. Diamond**
 STREET ADDRESS **7 Riverdale Ave. East**
 CITY-ST-ZIP **Tinton Falls, NJ 07724**

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:

Michael J. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12, 2000

Date

212 493-9364

Daytime Phone #

CR2E034 (5/00)

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7. Name and Address of New Registered Agent

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8. This 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 of Current Registered Agent (if applicable)

Signature of Registered Agent (signature required even if not applicable)

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 \$550.00
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Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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CITY-STATE-ZIP	COSTA MESA CA	
TITLE	DP	☒ Delete
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STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	
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TITLE	D	☒ Delete
NAME	SINGER, HOWARD S	
STREET ADDRESS	5215 OLD ORCAD RD STE 300	
CITY-STATE-ZIP	SMOKIE IL 60077	

TITLE	Asst. VP Human Resources/O	☒ Change ☐
NAME	Marybeth Reynolds	
STREET ADDRESS	17 State Street	
CITY-STATE-ZIP	New York, NY 10004	
TITLE	VP Ins. Operations/O	☒ Change ☐
NAME	William Taylor	
STREET ADDRESS	7637 Saxony Drive	
CITY-STATE-ZIP	Fairless Hill, PA 19030	
TITLE	Asst. VP/ Fin. Reporting/O	☒ Change ☐
NAME	Michael Brennan	
STREET ADDRESS	17 State Street	
CITY-STATE-ZIP	New York, NY 10004	
TITLE	Asst. VP/ Operations/O	☒ Change ☐
NAME	George Lavigne	
STREET ADDRESS	17 State Street	
CITY-STATE-ZIP	New York, NY 10004	
TITLE	Asst. VP/ Underwriting/O	☒ Change ☐
NAME	Joscelin Burrer	
STREET ADDRESS	17 State Street	
CITY-STATE-ZIP	New York, NY 10004	
TITLE	D	☒ Change ☐
NAME	Jean Pierre Benoit	
STREET ADDRESS	29 rue Danton	
CITY-STATE-ZIP	92300 Levallois Perrey France	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.23(a) Florida Statutes. Further, I 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 a signature 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 appeared in Block 11 or Block 12 or attached, or on an attachment with an address, with full other like empowered.

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Attachment
B0103926

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City & State

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Signature of Registered Agent (Required when agent is not an officer or director)

NOTE: Registered Agent Signature Required when not an officer or director

DATE

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NAME	SINGER, HOWARD S	
STREET ADDRESS	5215 OLD ORCAD RD STE 300	
CITY-STATE-ZIP	SMOKIE IL 60077	

TITLE	D	☒ Change ☐
NAME	James R. Cameron	
STREET ADDRESS	140 High Street	
CITY-STATE-ZIP	Hastings-on-Hudson, NY 10706	
TITLE	D	☒ Change ☐
NAME	Frederick H. Hauck	
STREET ADDRESS	7918 Turncrest Drive	
CITY-STATE-ZIP	Potomac, MD	
TITLE	D	☒ Change ☐
NAME	Rodolphe E. Hottinger	
STREET ADDRESS	2 Route De Veigy 1246	
CITY-STATE-ZIP	Corsier, Geneva	
TITLE	D	☒ Change ☐
NAME	Jean Marie Nessi	
STREET ADDRESS	17 Rue du Haut des Petit Bois	
CITY-STATE-ZIP	78600 Maisons La Fitte France	
TITLE	D	☒ Change ☐
NAME	Thomas Reese	
STREET ADDRESS	457 Lurgan Road	
CITY-STATE-ZIP	New Hope, PA 18938	
TITLE	D	☒ Change ☐
NAME	Jerry M. de St Paer	
STREET ADDRESS	99 Fairmount Ave	
CITY-STATE-ZIP	Chatham, NJ	

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