### 2000 UNIFORM BUSINESS REPORT (UBR)

# DOCUMENT # 849969 1. Entity Name

#### -GAN NORTH AMERICAN INSURANCE-COMPANY-

WESTERN CONTINENTAL INSURANCE COMPANY

# FILED May 31, 2000 8:00 am Secretary of State

05-31-2000 90033 011 \*\*\*550.00

Principal Plac	e of Business	Mailing Address		}				
120 WALL STRE	ET	120 WALL STREET		Ì				
NEW YORK NY	10005	NEW YORK NY 10005-3904		Į				
					<u>'</u>			
<u> </u>		L		_				
•	lace of Business	3. Mailing Address				<b>                                    </b>	Bil Blair Bial	(
199 Wa Suite, Apt.	ter Street, 21st Fl	P.O. Box 800 Suite, Apt, #, etc.	)		DO NOT WRI	TE IN THIS SP	ACE	
Suite, Apt.	#, etc.	Julie, Apr. #, etc.		ļ	501401 4811	12 111 1110 01		
City & State	9	City & State		4.	FEI Number 75 400450		Ar	pplied For
	ork, NY	Scottsdale,	AZ J5251	ĺ	75-1331566		No	ot Applicable
Zip	Country	Zip	Country	5 (	Certificate of Status Desired		<b>8.75</b> Add	
10038-	3526 United States	85251	United State	s		_ F6	e Require	d .
	6. Name and Address of Current f	Registered Agent ·		7. I	Name and Address of New F	Registered Ag	ent	
			Name		 			
INSU	RANCE COMMISSIONER		Street Addres	s (P.O. B	lox Number is Not Acceptable	<del></del>		
CAPIT	rol Building							
TALL	AHASSEE FL 32301				i			
	,		City			FL	Zip Cod	е
8. The above	named entity submits this statement for	the purpose of changing it	s registered office or regis	stered ag	ent, or both, in the State of Fl	orida.		
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requ	uired when re	einstating)	DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	'!!! FEE IS \$150.00		10. Election Campaign Fi	nancina	ee o	Δ
	equirement and elects to do so.	After MAY 1, 2	000 Fee will be \$550.0	0	Trust Fund Contribution			May Be
(See criter	ria on back)	Make Check Paya	ble to Department of	State				
11.	OFFICERS AND	DIRECTORS	12.	ΑÜ	DDITIONS/CHANGES TO OF	ICERS AND D	IRECTOR	S IN 11
TITLE	MD	Delete	TITLE			. [	Change	☐ Addition
NAME	AULAGNON, THIERRY		NAME	See	Attached Schedul	e		
STREET ADDRESS	2, RUE PILLET-WILL		STREET ADDRESS		Officers & Dire			
CITY-ST-ZIP	75448 PARIS CEDEX 09, FRANCE		CITY-ST-ZIP		OTTICCIO G DII		=	
TITLE	MD	□ Delete	TITLE			Į.	Change	☐ Addition
NAME	LAPARRA, MICHEL		NAME					
	2, RUE PILLET-WILL		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	75448 PARIS CEDEX 09, FRANCE				·		T Channa	Addition
TITLE	VPCO	x Delete	TITLE			L	Change	Addition
NAME	THOMAS W. DEVINE		NAME STREET ADDRESS					
CITY-ST-ZIP	120 WALL ST.		CITY-ST-ZIP			†		
	NEW YORK NE						Change	☐ Addition
TITLE NAME	KROLL, SOL	☑ Delete	TITLE NAME			  -	Juliyo	
STREET ADDRESS	600 CANITOTE STREET		STREET ADDRESS					
CITY-ST-ZIP	BEDFORD NY		CITY-ST-ZIP					
TITLE	V	Delete	TITLE				Change	Addition
NAME	BLISS, GARY	Delete	NAME				- •	<del></del>
STREET ADDRESS	120 WALL STREET		STREET ADDRESS			ı		
CITY-ST-ZIP	NEW YORK NY		CITY-\$T-ZIP			·		
TITLE	D	Delete	TITLE			, [	Change	☐ Addition
NAME	LAURENT, HENRI		NAME			!		
STREET ADDRESS	2, RUE PILLET-WILL		STREET ADDRESS			i		
CITY-ST-ZIP	75448 PARIS CEDEX 09, FRANCE		CITY-ST-ZIP			<u> </u>		
					119,07(3)(i), Florida Statutes.	1.6. 11		

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 DIRECTO

5/15/00

(480) 481-3500

Daytime Phone #

# Western Continental Insurance Company Officers and Directors 1/1/2000

Position	Name	Title	Business Street Address	City/State/Zip Code
Officer/Director	Deborah L. Brady	Senior Vice President	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	Robert M. Brown	Vice President	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	Francois M. Chavel	Chairman, President, & CEO	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	Charles S. Ernst	. Vice President & General Counsel	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	William J. Gelert	Vice President-Risk Property	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	Warren E. Leopold	Vice President-Underwriting	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	Richard R. Nenaber	Senior Vice President	7272 E. Indian School Road, Suite 500	Scottsdale, AZ 85251
Officer/Director	Joseph T. Olson	<ul> <li>Vice Chairman</li> </ul>	7272 E. Indian School Road, Suite 500	Scottsdale, AZ 85251
Officer/Director	Nicolas Papadopoulo	Vice Chairman & E.V.P.	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	R. Daniel Reed	Senior Vice President-Property	11700 Old Katy Road, Suite 1000	Houston, TX 77079
Officer/Director	Mark J. Purcell	Senior Vice President & CFO	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	John T. Speckman	Director of Claims	199 Water Street, 21st Floor	New York, NY 10038
Officer/Director	Scott A. Wilson	Vice President & Treasurer	7272 E. Indian School Road, Suite 500	Scottsdale, AZ 85251
Officer	Thomas M. Buckhardt	Vice President-Claims	7272 E. Indian School Road, Suite 500	Scottsdale, AZ 85251
Officer	Robert W. Karr	Vice President	7272 E. Indian School Road, Suite 500	Scottsdale, AZ 85251
Officer	Gary L. Snapp	Vice President	7272 E. Indian School Road, Suite 500	Scottsdale, AZ 85251
Officer	Christiane Strano	Corporate Secretary	199 Water Street, 21st Floor	New York, NY 10038

### Rampart Insurance Company **Western Continental Insurance Company Fulcrum Insurance Company**

May 15, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Western Continental Insurance Company NAIC #25771 2000 Uniform Business Report

Enclosed is our Company's 2000 Uniform Business Report along with the filing fee of \$550.

Western Continental Insurance Company was formerly GAN North American Insurance Company. Our name change was approved and became effective on 9/10/99 in our domicile state of Texas. As the attached documents indicate, this name change was approved by the Florida Department of State on February 14th and by the Florida Department of Insurance on March 21st.

In addition, please be advised that the accounting and record keeping for Western Continental has moved and that future correspondence should be directed to either of the following:

P.O. Box Address Western Continental Insurance Company

P.O. Box 800

Street Address

Western Continental Insurance Company 7272 E. Indian School Road, Suite 500 Scottsdale, AZ 85252-0800 ----- Scottsdale, AZ 85251

Please don't hesitate to contact me if any you have any further questions (480) 481-3500, Ext. 5847.

Sincerely,

Craig Cramsey

Assistant Treasurer

Encl.

4849969





# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 14, 2000

Christiane Strano
East West Holding Company
120 Wall Street
New York, NY 10005

Re: Document Number 849969

The Amendment to the Application of a Foreign Corporation for GAN NORTH AMERICAN INSURANCE COMPANY which changed its name to WESTERN CONTINENTAL INSURANCE COMPANY, a Texas corporation authorized to transact business in Florida, was filed on February 14, 2000.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Susan Payne Senior Section Administrator Division of Corporations

Letter Number: 400A00007617



## THE TREASURER OF THE STATE OF FLORIDA DEPARTMENT OF INSURANCE

BILL NELSON

March 21, 2000

Christiane Strano Corporate Secretary East-West Holding Company 120 Wall Street New York, NY 10005

RE: Name Change from GAN North American Insurance Company to Western Continental Insurance Company

Dear Ms. Strano:

Please be advised that the requested name change has been accepted by the Florida Department of Insurance effective March 20, 2000. Our records have been updated and now reflect the following:

Western Continental Insurance Company FEIN# 75-1331566

An amended Certificate of Authority with the new name is enclosed. Due to the method of assignment, future oversight of this company will now be transferred to Tami Kilburn. She may be reached at (850) 413-5228.

Sincerely,

Pat Taylor

cc:

FL DOI - Division of Rehabilitation & Liquidation

FL DOI - Legal Affairs, Service of Process

FL DOI - Bureau of Consumer Assistance

FL DOI - P & C Forms & Rates

FL DOI - Agent/Agency Licensing

FL DOI - P & C Market Conduct

TREASURER - INSURANCE COMMISSIONER - FIRE MARSHAL

PAT TAYLOR - INSURANCE EXAMINER - BUREAU OF PROPERTY & CASUALTY SOLVENCY AND MARKET CONDUCT 200 EAST GAINES STREET - TALLAHASSEE, FLORIDA 32311 - (850) 413-5240 - FAX (850) 488-2935