

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849969

1. Entity Name

WESTERN CONTINENTAL INSURANCE COMPANY

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90060 041 ***150.00

Principal Place of Business

Mailing Address

199 WATER STREET, 21ST FLOOR
NEW YORK NY 10038

P O BOX 800
SCOTTSDALE AZ 85251

00043400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-1331566

Applied For
Not Applicable

Zip

Country

Zip

Country

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
CAPITOL BUILDING
TALLAHASSEE FL 32301

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee, FL Zip Code 32301-2607

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.

BRIAN COURTNEY, ASST. V.P.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP
NAME BRADY, DEBORAH L
STREET ADDRESS 199 WATER STREET, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

TITLE VC
NAME Olson, Joseph T.
STREET ADDRESS 7272 E. Indian School Rd, Suite 500
CITY-ST-ZIP Scottsdale, AZ 85251 ☐ Change ☒ Addition

TITLE VP
NAME BROWN, ROBERT M
STREET ADDRESS 199 WATER STREET, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

TITLE EVP
NAME Papadopoulos, Nicolas
STREET ADDRESS 199 Water Street, 21st Floor
CITY-ST-ZIP New York, NY 10038 ☐ Change ☒ Addition

TITLE CPCE
NAME CHAVEL, FRANCOIS M
STREET ADDRESS 199 WATER STREET, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

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

TITLE VPT
NAME WILSON, SCOTT A
STREET ADDRESS 7272 E INDIAN SCHOOL ROAD, SUITE 500
CITY-ST-ZIP SCOTTSDALE AZ 85251 ☐ Delete

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

TITLE SVPC
NAME PURCELL, MARK J
STREET ADDRESS 199 WATER STREET, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

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

TITLE SVP
NAME NENABER, RICHARD R
STREET ADDRESS 7272 E INDIAN SCHOOL ROAD, SUITE 500
CITY-ST-ZIP SCOTTSDALE AZ 85251 ☐ 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:

Craig Cramsey

Craig Cramsey, Asst. Treasurer

(480)481-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)