

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90098 001 ***150.00

06145 L AT

DOCUMENT # 849969
1. Entity Name
WESTERN CONTINENTAL INSURANCE COMPANY

Principal Place of Business
199 WATER STREET, 21ST FLOOR
NEW YORK NY 10038
20 EXCHANGE PLACE
NEW YORK, NY 10005

Mailing Address
P.O. BOX 800
SCOTTSDALE AZ 85251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20 Exchange Place 11th Floor
Suite, Apt. #, etc.

3. Mailing Address
20 Exchange Place 11th Floor
Suite, Apt. #, etc.

City & State
New York, NY

Zip
10005

Country

4. FEI Number
75-1331566

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATIONS SERVICE COMPANY
1201 HAYS STREET
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 _____
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SVP	BRADY, DEBORAH L	199 WATER STREET, 21ST FLOOR	NEW YORK NY 10038	<input checked="" type="checkbox"/>
VP	BROWN, ROBERT M	199 WATER STREET, 21ST FLOOR	NEW YORK NY 10038	<input checked="" type="checkbox"/>
CPCE	CHAVEL, FRANCOIS M	199 WATER STREET, 21ST FLOOR	NEW YORK NY 10038	<input checked="" type="checkbox"/>
VPT	WILSON, SCOTT A	7272 E INDIAN SCHOOL ROAD, SUITE 500	SCOTTSDALE AZ 85251	<input checked="" type="checkbox"/>
SVPC	PURCELL, MARK J	199 WATER STREET, 21ST FLOOR	NEW YORK NY 10038	<input checked="" type="checkbox"/>
SVP	NENABER, RICHARD R	7272 E INDIAN SCHOOL ROAD, SUITE 500	SCOTTSDALE AZ 85251	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President/CEO	MARK S. Purcell	20 Exchange Place 11th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Peter Henry	20 Exchange Place 11th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
John "Jack" Speckman	EVP & Director of Claims	20 Exchange Place 11th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior Vice President	Robert M. Brown	20 Exchange Place 11th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corporate Secretary	Christiane Strand	20 Exchange Place 11th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1-22-02 **(645) 495-2889**
 Date Daytime Phone #

CR2E034 (9/01)