

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 850651**

1. Entity Name

SECURITY REINSURANCE COMPANY

Principal Place of Business

Mailing Address

**9 FARM SPRINGS RD
FARMINGTON CT 06032****9 FARM SPRINGS RD
FARMINGTON CT 06032-2526**

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

06-1008792

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
STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301**

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, 2000 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	<input checked="" type="checkbox"/> Delete
PCEO	BECKER, W M	9 FARM SPRINGS RD	FARMINGTON CT 06032	<input checked="" type="checkbox"/>
VP	WEBB, JAMES W.	9 FARM SPRINGS RD	FARMINGTON CT	<input checked="" type="checkbox"/>
DEVS	MCANN, JOHN J	9 FARM SPRINGS RD	FARMINGTON CT 06032	<input checked="" type="checkbox"/>
VPT	NYMAN, CRAIG A	9 FARM SPRINGS RD	FARMINGTON CT 06032	<input checked="" type="checkbox"/>
VCA	MCGOVERN, WILLIAM G	9 FARM SPRINGS RD	FARMINGTON CT	<input checked="" type="checkbox"/>
DSVC	PAUTLER, MICHAEL L	9 FARM SPRINGS RD	FARMINGTON CT 06032	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/COO	Terry Broderick	9300 Arrowpoint Boulevard	Charlotte, NC 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	David B. Semeraro	9 Farm Springs Road	Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/SVP/GC	Joyce W. Wheeler	9300 Arrowpoint Boulevard	Charlotte, NC 28201	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPT	Lawrence W. Gowen	9300 Arrowpoint Boulevard	Charlotte, NC 28201	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/Controller	Peter M. Vinci	9 Farm Springs Road	Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Judy S. Spitzer	9 Farm Springs Road	Farmington, CT 06032	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy S. Spitzer

Date

(860) 674-6881

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90014 004 ***150.00

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DO NOT WRITE IN THIS SPACE