

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90075 045 \*\*\*150.00

DOCUMENT # F95000000711

1. Corporation Name  
RECOR INSURANCE COMPANY INC.



Principal Place of Business

500 N BROADWAY  
STE 142  
JERICHO NY 11753  
US

Mailing Address

550 NORTH BROADWAY  
STE 142  
JERICHO NY 11753  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 500 NORTH BROADWAY  
27 SUITE 155

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

13-3641796

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO  
NAME COLE, RICHARD E  
STREET ADDRESS 500 NORTH BROADWAY  
CITY-ST-ZIP JERICHO NY 11753

TITLE PD  
NAME BENSINGER, STEVEN J  
STREET ADDRESS 500 NORTH BOARDWAY  
CITY-ST-ZIP JERICHO NY 11753

TITLE VPS  
NAME JOHN V DEL COL  
STREET ADDRESS 500 N BROADWAY #142  
CITY-ST-ZIP JERICHO NY 11753

TITLE VPT  
NAME KIRK-ANCE CAROLE  
STREET ADDRESS 500 NORTH BROADWAY  
CITY-ST-ZIP JERICHO NY 11753

TITLE VP  
NAME MEYERS, CHARLES E  
STREET ADDRESS 500 NORTH BROADWAY  
CITY-ST-ZIP JERICHO NY 11753

TITLE VP  
NAME PRIMERANO, RICHARD B  
STREET ADDRESS 500 NORTH BROADWAY  
CITY-ST-ZIP JERICHO NU 11753

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS SUITE 155  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS SUITE 155  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS SUITE 155  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS SUITE 155  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS SUITE 155  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS SUITE 155  
6.4 CITY-ST-ZIP JERICHO, NEW YORK

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John V. Del Col  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John V. Del Col 2/9/99

203-705-2500  
Daytime Phone #

CR2E034 (11/98)