FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am \$ Secretary of State DOCUMENT # F95000000711 1. Entity Name RECOR INSURANCE COMPANY INC. 04-17-2002 90104 029 \*\*\*150.00 Principal Place of Business Mailing Address ONE CANTERBURY GREEN ONE CANTERBURY GREEN STAMFORD CT 06901 STAMFORD CT 06901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3641796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL TALLAHASSEE FL 32399-0300 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CCEO** TITLE TITLE ☐ Delete ☐ Addition NAME ROBERTS, JAMES E NAME STREET ADDRESS ONE CANTERBURY GREEN STREET ADDRESS CITY-ST-ZIP STAMFORD CT 06901 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PD NAME ZIESING, PETER R NAME STREET ADDRESS STREET ADDRESS ONE CANTERBURY GREEN CITY-ST-ZIP CITY-ST-7IP STAMFORD CT 06901 EXECUTIVE VICE PRESIDENT & Change ☐ Delete TITLE ☐ Addition TITLE **VPS** DEL COL, JOHN V. NAME NAME John V Del Col STREET ADDRESS STREET ADDRESS ONE CANTERBURY GREEN CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06901 VICE PRESIDENT, TREASURER XChange ☐ Addition TITLE Delete TITLE FINKELSTEIN , DAVID NAME NAME FINKELSTEIN, DAIVD M STREET ADDRESS STREET ADDRESS ONE CANTERBURY GREEN CITY-ST-7IP CITY-ST-ZIP STAMFORD CT 06901 SENIOR VICE PRESIDENT, TITLE ☐ Delete TITLE Change . ☐ Addition CONTROLLEK NAME NAME POSTER, YVONNE M STREET ADDRESS STREET ADDRESS **ONE CANTERBURY GREEN** CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06901 VICE PRESIDENT TITLE Delete TITLE ☐ Change X Addition COHEN, STEVEN J. NAME BENSINGER, STEVEN J NAME ONE CANTERBURY GREEN STREET ADDRESS ONE CANTERBURY GREEN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAMFORD CT 06901 CT STAMFORD

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

4-10-02 203-60d-3074

Date Daytime Phone #