

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90007 019 \*\*\*150.00

DOCUMENT # F95000001863

1. Entity Name

OVERSEAS PARTNERS US REINSURANCE COMPANY

Principal Place of Business

Mailing Address

ATTN: GARY MCGEE  
THREE PARKWAY, 12TH FL.  
PHILADELPHIA PA 19102  
US

ATTN: GARY MCGEE  
THREE PARKWAY, 12TH FL.  
PHILADELPHIA PA 19102  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1700 Market Street

1700 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 2720

Ste. 2720

City & State

Philadelphia, PA

City & State

Philadelphia, PA

4. FEI Number

23-2745904

Applied For

Not Applicable

Zip

19103

Country

US

Zip

19103

Country

US

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  
TALLAHASSEE FL 32399-0300

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTS, GEORGE H THREE PKWY PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPEZZA, JOSEPH C THREE PKWY PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPECTOR, PAUL R THREE PARKWAY PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTRYMAN, JOHN THREE PKWY PHILADELPHIA PA 19102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INGERSOLL, JOHN THREE PKWY PHILADELPHIA PA 19102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAISER, LINDA S. THREE PKWY PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Cascio, Michael J. 1700 Market St., Ste. 2720 Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McElhiney, Steven M. 1700 Market St., Ste. 2720 Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Stanco, Edward J. 1700 Market St., Ste. 2720 Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Countryman, John D. 1700 Market St., Ste. 2720 Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ingersoll, Jon 1700 Market St., Ste. 2720 Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shaw, Richard M. 1700 Market St., Ste. 2720 Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard M. Shaw

4/11/01

Date

(215) 282-6100

Daytime Phone #

CR2E034 (10/00)