

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90142 020 ***550.00

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1. Entity Name

OVERSEAS PARTNERS US REINSURANCE COMPANY



Principal Place of Business

**1700 MARKET STREET
SUITE 2720
PHILADELPHIA PA 19103
US**

Mailing Address

**1700 MARKET STREET
SUITE 2720
PHILADELPHIA PA 19103
US**

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 **23-2745904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **CASCIO, MICHAEL J**
STREET ADDRESS **1700 MARKET STREET SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **PD** ☒ Change ☐ Addition
NAME **CASCIO, MICHAEL J**
STREET ADDRESS **1700 MARKET ST SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE **VD** ☒ Delete
NAME **MCELHINEY, STEVEN M**
STREET ADDRESS **1700 MARKET STREET SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **TD** ☐ Change ☒ Addition
NAME **MCKENNA, WILLIAM A**
STREET ADDRESS **1700 MARKET ST. SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **VD** ☒ Delete
NAME **STANCO, EDWARD J**
STREET ADDRESS **1700 MARKET STREET SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **V** ☐ Change ☒ Addition
NAME **MATHIAS, J. DOUGHERTY**
STREET ADDRESS **1700 MARKET ST. SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **V** ☒ Delete
NAME **COUNTRYMAN, JOHN D**
STREET ADDRESS **1700 MARKET STREET SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **INGERSOLL, JON**
STREET ADDRESS **1700 MARKET STREET SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SHAW, RICHARD M**
STREET ADDRESS **1700 MARKET STREET SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **SD** ☒ Change ☐ Addition
NAME **SHAW, RICHARD M**
STREET ADDRESS **1700 MARKET ST. SUITE 2720**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATHIAS, J. DOUGHERTY

Date

Daytime Phone #

7/14/03 (215) 282-6055

CR2E034 (4/03)