

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004652

1. Entity Name

SWISS-AM REASSURANCE COMPANY

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90078 002 ***150.00

Principal Place of Business

Mailing Address

237 PARK AVE
NEW YORK NY 10017

237 PARK AVE
NEW YORK NY 10017-3140

2. Principal Place of Business

969 High Ridge Road

3. Mailing Address

969 High Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stamford, CT

City & State

Stamford, CT

4. FEI Number

22-2374444

Applied For

Not Applicable

Zip

06905

Country

USA

Zip

06905

Country

USA

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

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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	P	<input type="checkbox"/> Delete
NAME	STROUP, CHRIST C	
STREET ADDRESS	182 DEER RUN ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HART, JEFF R	
STREET ADDRESS	185 MOUNTAIN AVE	
CITY-ST-ZIP	MONTCLAIR NJ 07042	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEILBRON, EDWARD R	
STREET ADDRESS	7 MIDDLESEX ST	
CITY-ST-ZIP	WELLESLEY MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, CHRIS C	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06905	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOIS, JACQUES E.	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06905	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEAD, ALAN D.	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06905	
TITLE	GC, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, W. WELDON	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

203/321-3122

Date

Daytime Phone #

CR2E034 (9/99)