

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29619

1. Entity Name

SENIOR CITIZENS MUTUAL INSURANCE COMPANY RISK RE

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90112 034 ****70.00

Principal Place of Business

C/O LEIGH MCCREARY

5805 BLUE LAGOON DR. STE 295

MIAMI FL 33126-2032

US

Mailing Address

5805 BLUE LAGOON DR

SUITE 295

MIAMI FL 33126-2032

US

2. Principal Place of Business

5805 Blue Lagoon Dr.

3. Mailing Address

Suite, Apt. #, etc.

295

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

52-1459229

Applied For

Not Applicable

Zip

33126-2032

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME PRETE, GERALD J
 STREET ADDRESS 829 S RIDGELAND AVE
 CITY-ST-ZIP OAK PARK IL

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

TITLE DV ☐ Delete
 NAME FAIR, T. WILLARD
 STREET ADDRESS 880 N.E. 69TH ST.
 CITY-ST-ZIP MIAMI FL

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

TITLE TD ☒ Delete
 NAME GUENTHER, HARRY
 STREET ADDRESS 200 OCEAN LANE DRIVE, APT, 1105
 CITY-ST-ZIP KEY BISCAYNE F

TITLE ☐ Change ☒ Addition
 NAME Thomas M Fricano
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME PIAZZA, JOHN
 STREET ADDRESS 9536 DATE ST
 CITY-ST-ZIP FONTANA CA

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

TITLE SD ☐ Delete
 NAME REAVILL, MARY
 STREET ADDRESS RT. 4, BOX 281
 CITY-ST-ZIP VILLE PLATTE LA

TITLE ☒ Change ☐ Addition
 NAME 1001 N. Reed St.
 STREET ADDRESS Ville Platte, LA
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, 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:

Monica C. Reinold
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 28, 2000

CR2E037 (9/99)