

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05044

1. Entity Name

FOLKSAMERICA REINSURANCE COMPANY

Principal Place of Business

Mailing Address

ONE LIBERTY PLAZA  
19TH FLOOR  
NEW YORK NY 10006

ONE LIBERTY PLAZA  
19TH FLOOR  
NEW YORK NY 10006-1404

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

13-2997499

Applied For

Not Applicable

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

KROLL, POMERANTZ & CAMERON  
ATTN: ROBERT A. FREYER  
3250 MARY STREET  
MIAMI FL 33133

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 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	CP	<input type="checkbox"/> Delete
NAME	FASS, STEVEN E.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGOLDRICK, ROBERT F.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELL, HELEN	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	TYBURSKI, MICHAEL E	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	EMEIGH, DONALD A.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRACE, WARREN J.	
STREET ADDRESS	1 LIBERTY PLAZA, 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

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	
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	
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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90030 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CE-1002-00001