

2002 UNIFORM BUSINESS REPORT (UBR)

0576143 AT

DOCUMENT # P05044

1. Entity Name
FOLKSAMERICA REINSURANCE COMPANY

Principal Place of Business

ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK NY 10006

Mailing Address

ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK NY 10006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

MINCHES, LEONARD H
ATTN: EDWARDS & ANGELL, LLP
250 ROYAL PALMWAY
PALM BEACH FL 33480-4309

Name

300005451533--0

Street Address (P.O. Box Number is Not Permitted)

05/08/02--01005--009
****150.00 ****150.00

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, 2002 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	CP FASS, STEVEN E. 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGOLDRICK, ROBERT F. 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELL, HELEN 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYBURSKI, MICHAEL E. 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS EMEIGH, DONALD A. 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRACE, WARREN J. 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK NY	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOD Fass, Steven E. One Liberty Plaza, 19th Floor New York, NY 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD Maloney, Michael E. One Liberty Plaza, 19th Floor New York, NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD Wickwire, James D. One Liberty Plaza, 19th Floor New York, NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPTCFOD Tyburski, Michael E. One Liberty Plaza, 19th Floor New York, NY 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPGCS Emeigh, Donald A. Jr. One Liberty Plaza, 19th floor New York, NY 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD Trace, Warren J. One Liberty Plaza, 19th Floor New York, NY 10006	<input checked="" type="checkbox"/> Change <input 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: *Linda S. Lieberman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda S. Lieberman 4/23/02 (212) 312-2536

Date Daytime Phone #



1 of 1

FILED

02 APR 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/01)

2 of 2

ATTACHMENT

AS Linda S. Lieberman
One Liberty Plaza, 19th Floor
New York, NY 10067