

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05756

1. Entity Name

SYDNEY REINSURANCE CORPORATION

Principal Place of Business

88 PINE STREET 16TH FLOOR
WALL STREET PLAZA
NEW YORK NY 10005-1801

Mailing Address

88 PINE STREET 16TH FLOOR
WALL STREET PLAZA
NEW YORK NY 10005-1801

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

23-1641984

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, 2001 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 PCD ☒ Delete
NAME ALTMAN, ABE
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE President ☒ Change ☐ Addition
NAME Timothy M. Kenny
STREET ADDRESS 88 Pine Street 16th Fl
CITY-ST-ZIP New York, NY 10005

TITLE SCA ☒ Delete
NAME MORRISON, DIANA
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE Secretary ☒ Change ☐ Addition
NAME Anthony R. Przybyszewski
STREET ADDRESS 88 Pine Street 16th Fl
CITY-ST-ZIP New York, NY 10005

TITLE SVCT ☒ Delete
NAME KENNY, TIMOTHY M
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE Treasurer ☒ Change ☐ Addition
NAME Christopher C. Fish
STREET ADDRESS 88 Pine Street 16th Fl
CITY-ST-ZIP New York, NY 10005

TITLE SVPD ☒ Delete
NAME PRZYBYSZEWSKI, ANTHONY R
STREET ADDRESS ONE LIBERTY PLAZA
CITY-ST-ZIP NEW YORK NY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)