

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90046 031 \*\*\*150.00

**DOCUMENT # P06815**

1. Entity Name

**GERLING GLOBAL REINSURANCE CORPORATION OF AMERICA**  
**A**

Principal Place of Business

**717 FIFTH AVENUE**  
**NEW YORK NY 10022**  
**US**

Mailing Address

**717 FIFTH AVENUE**  
**NEW YORK NY 10022**  
**US**

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

**13-5009848**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	TROIANO, CHARLES D	
STREET ADDRESS	717 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TARTARO, THOMAS J	
STREET ADDRESS	717 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	PERROTTA, GEORGE J	
STREET ADDRESS	717 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, JOSEPH E	
STREET ADDRESS	717 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID W	
STREET ADDRESS	717 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENTILE, PETER A	
STREET ADDRESS	717 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Morrill	
STREET ADDRESS	717 Fifth Avenue	
CITY-ST-ZIP	New York, NY 10022-8101	
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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

DAVID W. SMITH

1/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)