

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07246

1. Entity Name

UNDERWRITERS REINSURANCE COMPANY

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90003 049 ***150.00

Principal Place of Business

26050 MUREAU RD.
CALABASAS CA 91302

Mailing Address

26050 MUREAU RD.
CALABASAS CA 91302-3102

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 **16-0366830**

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, 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	C	<input type="checkbox"/> Delete
NAME	NEWMAN, STEVEN H	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	VCFD	<input type="checkbox"/> Delete
NAME	KOLAKOWSKI, STEPHEN C	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	KRANTZ, JIM	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	DE HAAFF, STUART M	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	SEAMAN, EDWIN	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN, RUSSELL T	
STREET ADDRESS	22801 VENTURA BLVD	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	

TITLE	CD	<input checked="" 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	SVPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Chris Cassilly	
STREET ADDRESS	26050 Mureau Road	
CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	PCEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John, Russell T.	
STREET ADDRESS	26050 Mureau Road	
CITY-ST-ZIP	Calabasas, CA 91302	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)