

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P07246****1. Entity Name**
UNDERWRITERS REINSURANCE COMPANY**Principal Place of Business****26050 MUREAU RD.**
CALABASAS CA 91302**Mailing Address****26050 MUREAU RD.**
CALABASAS CA 91302**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address**175 King Street**

Suite, Apt. #, etc.

City & State

Armonk, New York

Zip

10504

Country

USA**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****CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**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	VCFD	<input type="checkbox"/> Delete
NAME	KOLAKOWSKI, STEPHEN C	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	SVSD	<input type="checkbox"/> Delete
NAME	DE-HAAFF, STUART M	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CASSILLY, M. CHRIS	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JOHN, RUSSELL T	
STREET ADDRESS	26050 MUREAU RD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick J. O'Brien	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, New York 10504	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul A. LiCausi	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk New York 10504	

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:****Paul A. LiCausi**
RECAPITALIZATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90046 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)