

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90254 027 \*\*\*150.00

**DOCUMENT # P07246**

**1. Entity Name**  
**UNDERWRITERS REINSURANCE COMPANY**



**Principal Place of Business**  
**26050 MUREAU RD.**  
**CALABASAS CA 91302**

**Mailing Address**  
**175 KING STREET**  
**ARMONK NY 10504**

**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**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLHASSEE FL 32399**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Delete
NAME	KOLAKOWSKI, STEPHEN C	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE HAAFF, STUART M	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASSILLY, M. CHRIS	
STREET ADDRESS	26050 MUREAU RD.	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN, RUSSELL T	
STREET ADDRESS	26050 MUREAU RD	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, PATRICK	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	V	<input type="checkbox"/> Delete
NAME	LICAUSI, PAUL A	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel G. Gibson	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE		<input 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	Harrigan, Patricia	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **Controller**

**3/3/03**

**914-828-8286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)