

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90015 022 ***150.00

DOCUMENT # P07388

1. Entity Name

TRENWICK AMERICA REINSURANCE CORPORATION

Principal Place of Business

Mailing Address

ONE CANTERBURY GREEN
 STAMFORD CT 06901

ONE CANTERBURY GREEN
 STAMFORD CT 06901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1117063**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 MONROE STREET
 TALLAHASSEE FL 32301**

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	VD	<input type="checkbox"/> Delete
NAME	BINET, STEPHEN H.	
STREET ADDRESS	11 INDIAN PT LN	
CITY-ST-ZIP	WESTPORT CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIAMBO, ROBERT A	
STREET ADDRESS	3 OSCEOLA DR	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELDSHER, PAUL	
STREET ADDRESS	16 POWDER MILL LANE	
CITY-ST-ZIP	TRUMBULL CT	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	BILLETT, JAMES F. J	
STREET ADDRESS	14 JOHN APPLGATE RD	
CITY-ST-ZIP	REDDING CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNTE, ALAN L.	
STREET ADDRESS	24 BLACKBERRY LANE	
CITY-ST-ZIP	HUNTINGTON CT 06484	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	DEL COL, JOHN V	
STREET ADDRESS	ONE CANTERBURY GREEN	
CITY-ST-ZIP	STAMFORD CT 06901	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Canterbury Green	
STREET ADDRESS	Stamford, CT 06901	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Canterbury Green	
STREET ADDRESS	Stamford, CT 06901	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Canterbury Green	
STREET ADDRESS	Stamford, CT 06901	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Canterbury Green	
STREET ADDRESS	Stamford, CT 06901	
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 all other like empowered.

SIGNATURE:

John V. Del Col John V. Del Col

4/12/01

(203) 602-3074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)