

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90007 022 ***150.00

DOCUMENT # P15402

1. Corporation Name

THE FIRST REINSURANCE COMPANY OF HARTFORD



Principal Place of Business

~~XXXXXXXXXXXXXXXXXXXX~~
45 WEST MAIN STREET
AVON CT 06001

Mailing Address

55 WEST MONROE ST
SUITE 2700
CHICAGO IL 60603-5001
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/30/1987

4. FEI Number

42-6052413

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DORE, JOHN A.	
STREET ADDRESS	55 W MONROE ST, SUITE 2700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRADDOCK, LANA J.	
STREET ADDRESS	55 W MONROE ST, SUITE 2700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	TVD	<input checked="" type="checkbox"/> DELETE
NAME	STEFFEN, LONNIE L.	
STREET ADDRESS	200 PLAZA DR	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WENDT, ROBERT E	
STREET ADDRESS	55 W MONROE ST, SUITE 2700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ENGMAN, RENEE M	
STREET ADDRESS	55 W MONROE ST, SUITE 2700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUCKERMAN, VERNON W	
STREET ADDRESS	55 W MONROE ST, SUITE 2700	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony F. Markel	
1.3 STREET ADDRESS	4551 Cox Road	
1.4 CITY-ST-ZIP	Glen Allen, VA 23060	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edgar W. Phoebus	
2.3 STREET ADDRESS	Shand Morahan Plaza	
2.4 CITY-ST-ZIP	Evanston, IL 60201	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paula A. Francis	
3.3 STREET ADDRESS	Shand Morahan Plaza	
3.4 CITY-ST-ZIP	Evanston, IL 60201	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joanne M. Cichon-Feeney	
4.3 STREET ADDRESS	Shand Morahan Plaza	
4.4 CITY-ST-ZIP	Evanston, IL 60201	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gregory B. Nevers	
5.3 STREET ADDRESS	4551 Cox Road	
5.4 CITY-ST-ZIP	Glen Ellen, VA 23060	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Debra M. Piper	
6.3 STREET ADDRESS	Shand Morahan Plaza	
6.4 CITY-ST-ZIP	Evanston, IL 60201	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

347-866-0112

Daytime Phone #

CR2E034 (1/98)

0528431



THE FIRST REINSURANCE COMPANY OF HARTFORD

55 West Monroe Street, Suite 2700, Chicago, Illinois 60603-5001
(312) 357-3500 Fax (312) 357-3525

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1	TITLE	AS	<input checked="" type="checkbox"/> Addition
7.2	NAME	Anne G. Waleski	
7.3	STREET ADDRESS	4551 Cox Road	
7.4	CITY.ST.ZIP	Glen Ellen, VA 23060	

8.1	TITLE	D	<input checked="" type="checkbox"/> Addition
8.2	NAME	Gerard Albanese, Jr.	
8.3	STREET ADDRESS	Shand Morahan Plaza	
8.4	CITY.ST.ZIP	Evanston, IL 60602	

9.1	TITLE	D	<input checked="" type="checkbox"/> Addition
9.2	NAME	Michael A. Rozenberg	
9.3	STREET ADDRESS	Shand Morahan Plaza	
9.4	CITY.ST.ZIP	Evanston, IL 60602	

10.1	TITLE	D	<input checked="" type="checkbox"/> Addition
10.2	NAME	Paul W. Springman	
10.3	STREET ADDRESS	Shand Morahan Plaza	
10.4	CITY.ST.ZIP	Evanston, IL 60602	