

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90037 019 ***150.00

C00102 AV

DOCUMENT # P26699

1. Entity Name

REDLAND INSURANCE COMPANY

Principal Place of Business

535 WEST BROADWAY
 COUNCIL BLUFFS IA 51503

Mailing Address

1177 AVENUE OF THE AMERICAS
 SUITE 4500
 NEW YORK NY 10036
 US

2. Principal Place of Business

224 West State Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Trenton + New Jersey

City & State

NY

Zip

08608

Country

USA

Zip

Country

4. FEI Number

42-1113749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301

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 | PD | <input type="checkbox"/> Delete |
| NAME | STEINER, DETLEF | |
| STREET ADDRESS | 1177 AVE. OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LARSSON, ANDERS | |
| STREET ADDRESS | 1177 AVE. OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HUANG, MING-I | |
| STREET ADDRESS | 1177 AVE. OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | S. | <input checked="" type="checkbox"/> Delete |
| NAME | LABELL, JOSEPH S. | |
| STREET ADDRESS | 1177 AVE. OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MILO, RALPH | |
| STREET ADDRESS | 1177 AVE. OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY 10036 | |
| TITLE | William Roche | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | P, CEO, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEINER, Detlef | |
| STREET ADDRESS | 1177 Avenue of the Americas | |
| CITY-ST-ZIP | NY, NY 10036 | |
| TITLE | P. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Orsolino, Grao | |
| STREET ADDRESS | 1177 Avenue of the Americas | |
| CITY-ST-ZIP | NY, NY 10036 | |
| TITLE | S.D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ketels, Gerhard | |
| STREET ADDRESS | 1177 Avenue of the Americas | |
| CITY-ST-ZIP | New York NY 10036 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William E. Roche | |
| STREET ADDRESS | 1177 Avenue of the Americas | |
| CITY-ST-ZIP | NY, NY 10036 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Christopher Fey | |
| STREET ADDRESS | 1177 Avenue of the Americas | |
| CITY-ST-ZIP | NY, NY 10036 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerhard Ketels

2/20/02

Date

212-790-9700

Daytime Phone #

CR2E034 (9/01)