

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90034 001 ***550.00

DOCUMENT # P26819

1. Entity Name

CHATHAM REINSURANCE CORPORATION

Principal Place of Business

**100 CAMPUS DRIVE
 FLORHAM PARK NJ 07932-1006
 US**

Mailing Address

**100 CAMPUS DRIVE
 FLORHAM PARK NJ 07932-1006
 US**

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

36-3347420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☐ Delete
 NAME **WALLIS, JEREMY R.**
 STREET ADDRESS **5 RUNYON DRIVE**
 CITY-ST-ZIP **BASKING RIDGE, NJ. 07920**

TITLE **VT** ☐ Delete
 NAME **LYNCH, JOHN JOSEPH**
 STREET ADDRESS **403 GREEN MOUNTAIN RD**
 CITY-ST-ZIP **MAHWAH NJ 07430**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO, Vice Pres. Treasurer** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President, Director** ☐ Change ☒ Addition
 NAME **Javier Fernandez-Cid**
 STREET ADDRESS **78 Ketch Road**
 CITY-ST-ZIP **Morristown, NJ 07960**

TITLE **Sr. Vice Pres. Chief U/W Officer** ☐ Change ☒ Addition
 NAME **Carlos Jesus Sanzo**
 STREET ADDRESS **2 Lauri Drive**
 CITY-ST-ZIP **Florham Park, New Jersey, 07932**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
See Attached Sheet

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
See Attached Sheet

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 J. Lynch

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01

Date

973-443-0443

Daytime Phone #

CR2E034 (5/01)

Attachment

A0085350

Doc # P26819

Mapfre Reinsurance Corporation
2001 Uniform Business Report
Document # P26819

Continuation of Line 11
of UBR

Title	Director, Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Marc M. Tract		
Street Address	177 Wheatley Road		
City-St-Zip	Brookville, NY 11545		

Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Andres Jimenez		
Street Address	C/Toledo 168		
City-St-Zip	Madrid, Spain		

Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Dewey Paul Clark		
Street Address	126 Loantaka Way		
City-St-Zip	Madison, NJ 07940		

Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	William Graham Shearn		
Street Address	Woodside Hill, Wellington		
City-St-Zip	Somerset, United Kingdom		