

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90170 009 ***150.00

DOCUMENT # P26819

1. Entity Name
MAPFRE 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

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **WALLIS, JEREMY R.**
STREET ADDRESS **5 RUNYON DRIVE**
CITY-ST-ZIP **BASKING RIDGE, NJ. 07920**

TITLE ☐ Change ☐ Addition
NAME **See attached**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **See attached**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **FERNANDEZ-CID, JAVIER**
STREET ADDRESS **78 KETCH ROAD**
CITY-ST-ZIP **MORRISTOWN NJ 07960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPC** ☒ Delete
NAME **SANZO, CARLOS JESUS**
STREET ADDRESS **2 LAURI DRIVE**
CITY-ST-ZIP **FLORHAM PARK NJ 07932**

TITLE ☐ Change ☐ Addition
NAME **See attached**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **TRACT, MARC M**
STREET ADDRESS **177 WHEATLEY ROAD**
CITY-ST-ZIP **BROOKVILLE NY 11545**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLARK, DEWEY P**
STREET ADDRESS **126 LOANTAKE WAY**
CITY-ST-ZIP **MADISON NJ 07940**

TITLE ☐ Change ☐ 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 PROVIDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2003

Date

973-443-0443

Daytime Phone #

CR2E034 (10/02)