

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harrits**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90065 017 \*\*\*150.00

DOCUMENT # **P36074**

1. Corporation Name

**CAPITAL REINSURANCE COMPANY OF MARYLAND**

Principal Place of Business

1325 AVE OF THE AMERICAS  
18TH FLOOR  
NEW YORK NY 10019  
US

Mailing Address

1325 AVE OF THE AMERICAS  
18TH FLOOR  
NEW YORK NY 10019  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/25/1991**

4. FEI Number

**52-1533088**

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE  
NAME **BREGMAN, NORIE R**  
STREET ADDRESS **1361 MADISON AVE**  
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **CEO** ☒ DELETE  
NAME **SATZ, MICHAEL E.**  
STREET ADDRESS **47 EAST 88TH ST.**  
CITY-ST-ZIP **NEW YORK NY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **JURSCHAK, JEROME F.**  
STREET ADDRESS **14 SUSAN PLACE**  
CITY-ST-ZIP **KATONAH NY**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **CEO, Chairman**  
3.3 STREET ADDRESS **Jerome F. Jurschak**  
3.4 CITY-ST-ZIP **14 Susan Place**  
**Katona, NY**

TITLE **DV** ☐ DELETE  
NAME **HOOKE, SUSAN L**  
STREET ADDRESS **140 HAMILTON RD**  
CITY-ST-ZIP **CHAPPAQUA NY**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **MOY, NICHOLAS**  
STREET ADDRESS **27 RIDGE RD**  
CITY-ST-ZIP **KATONAH NY**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **PASTON, DON**  
STREET ADDRESS **53 WARREN RD**  
CITY-ST-ZIP **WEST ORANGE NJ 07052**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 supplement to 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

**3/12/99**

**212-974-0100**

Date

Daytime Phone #

CR25034 (11/98)

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259140 900 65. 17

CAPITAL REINSURANCE COMPANY  
SUPPLEMENTAL TO QUESTION # 12

Alan S. Roseman (D,SVP,S)  
110 Riverside Drive  
New York, New York

Stephen Donnarumma (D,SVP)  
320 Union Street  
Brooklyn, NY 11231

David A. Buzen (D,CFO,EVP, T)  
3411 Hewlett Avenue  
Merrick, NY 11566

Robert Bailenson (VP)  
200 East 87th Street  
Apt. 11H  
New York, NY 10128

Robert Coors (VP)  
195 North Village  
Apt. 3E  
Rockville, Centre, NY 11570

Winston T. Wohr (VP)  
345 Hart Avenue  
Staten Island, NY 10310

Marilyn Engel (VP)  
11 Abby Place  
Staten Island, NY 10301

Cathy Bailey (VP)  
552 LaGuardia Place  
New York, NY 10012

Michael Joseph (Asst. VP)  
820 President St., Apt. 2A  
Brooklyn, NY 11215

Laurence C.D. Donnelly (D, EVP)  
236 Loring Avenue  
Pelham, NY 10803

William T. Tomljanovic (D,SVP,)  
215 Lyde Place  
Scotch Plains, NJ 07076

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Joseph W. Swain (P)  
17 Sachem Road  
Cos Cob, CT 06807

Lisa M. Mumford (SVP)  
150-38 Union Turnpike  
Flushing, NY 11367

Bradley R. DeLamielleure (VP)  
154 Adams Avenue  
River Edge, NJ 07661

John Berner (VP)  
22-24 27th Street  
Astoria, NY 11105