

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90041 035 ***150.00

DOCUMENT # 804922
 1. Entity Name
NAC REINSURANCE CORPORATION

Principal Place of Business 1 GREENWICH PLAZA P.O. BOX 2568 GREENWICH CT 06836	Mailing Address 1 GREENWICH PLAZA P.O. BOX 2568 GREENWICH CT 06836-2568
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DO NOT WRITE IN THIS SPACE

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 13-1290712	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32304**

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 _____ (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, 2000 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	CD	<input checked="" type="checkbox"/> Delete
NAME	BORNHJETTER, RONALD L	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, NICHOLAS M JR	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BANNERMAN, MARTHA G.	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MADSEN, CARL F	
STREET ADDRESS	ONE GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Nicholas M., Jr.	
STREET ADDRESS	1 Greenwich Plaza	
CITY-ST-ZIP	Greenwich, CT	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Lisa Fidelibus Lisa Fidelibus Date: 3/20/00 Daytime Phone #: 203-622-5370

CFR 101.14-10001