

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90122 022 \*\*\*150.00

**DOCUMENT # 804922**

1. Entity Name  
**NAC REINSURANCE CORPORATION**

Principal Place of Business <b>1 GREENWICH PLAZA          P.O. BOX 2568          GREENWICH CT 06836</b>	Mailing Address <b>1 GREENWICH PLAZA          P.O. BOX 2568          GREENWICH CT 06836</b>
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**00052530**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>70 Seaview Ave.          Seaview House</b>	3. Mailing Address <b>70 Seaview Ave.          Seaview House</b>
City & State <b>Stamford, CT</b>	City & State <b>Stamford, CT</b>

4. FEI Number **13-1290712** Applied For  Not Applicable

Zip <b>06902-6040</b> Country <b>US</b>	Zip <b>06902-6040</b> Country <b>US</b>
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD BROWN, NICHOLAS M JR 1 GREENWICH PLAZA GREENWICH CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BANNERMAN, MARTHA G. 1 GREENWICH PLAZA GREENWICH CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, RICHARD 1 GREENWICH PLAZA GREENWICH CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MADSEN, CARL F ONE GREENWICH PLAZA GREENWICH CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>70 Seaview Ave. Stamford, CT 06902</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>70 Seaview Ave Stamford, CT 06902</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>70 Seaview Ave Stamford, CT 06902</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P 70 Seaview Ave Stamford, CT 06902</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tommy Owen Perment Date: 4/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)



Report ID: XLAP7007

PeopleSoft Accounts Payable  
CONTROL GROUP REGISTER

*Attachment*  
#802982

Business Unit: 72000 NAC Reinsurance Corporation  
Control Group: 001976

Control Group Information

Bus Unit	Grp ID	Grp Date	Grp Stat	Assigned Opr	Due Date	Cntl Gross Amount	Cntl Voucher Count
72000	001976	25.Apr.2001	Review	LPETILLI	4/25/01	150.00	1

Voucher Header Information

Bus Unit	Entered Dt	Voucher ID	Invoice ID	Invoice Dt	Vendor ID	Vendor Name	Origin	Operator	Entry Stat	Acqy Dt	Post Stat	Dist Cntrl ID
72000	25.Apr.2001	00007856	4/25/2001	25.Apr.2001	0000000033	DEPARTMENT OF STATE	ONL	LPETILLI	Postable	25.Apr.2001	Unposted	STANDARD
Appr Stat	Approved	Currency	Rate Type	Exchange Rate	Gross Amt	Discount Amt	Use Tax	Sales Tax	Freight Amt	Net Due Dt	Discrt Due Dt	Pymnt Trms
		USD	GRRNT	1.000000000	150.00	0.00	0.00		0.00	25.Apr.2001		Due Now
Remit Location	Remit to Address											
NACOPCFLO	ANNUAL REPORTS FILINGS, TALLAHASSEE, FL											

Voucher Line Information

Line #	Description	Merch Amt	Inv Item ID	Unit Price	Prorate	S	U	F	WTHD	Disc A
1	DEPARTMENT OF STATE	150.00				Y	Y	Y	N	Y
Sales/Use Tax	Sales/Use Tax Exception Type	Exception Certificate								
		Intrastat Nature of Transaction								

Distribution Line Information

Line #	Account	Account Descr	Dept ID	GL Unit	Project ID	Product	Geo Code	Year	Open Item ID	Status	Merch Amt	Stat Cd	Statistic Amt
1	614050	License Renewal Fees 42500		72000			FL				150.00		

*Please return check to me. Thanks.*

Total for Entered Date: 25.Apr.2001 150.00 USD

Control Group Total

Bus Unit	Group ID	Group Dt	Group Stat	Assigned Opr	Due Dt	Cntl Gross Amount	Cntl Voucher Count	Calc Gross Amount	Calc Voucher Count
72000	001976	25.Apr.2001	Review	LPETILLI	4/25/01	\$150.00	1	\$150.00	1



Report ID: XLAP7007

Business Unit: 72000 NAC Reinsurance Corporation  
Control Group: 001976

*Handwritten signature*

Peoplesoft Accounts Payable  
CONTROL GROUP REGISTER

*Handwritten numbers:* 100052530  
~~804928~~

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Run Date 25.Apr.2001  
Run Time 11:25:01 AM

Total for Business Unit: 72000 150.00

End of Report