

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90091 011 ***150.00

DOCUMENT # P05178

1. Entity Name
HARBOURTON REASSURANCE, INC.

Principal Place of Business 2530 S PARKER RD STE 109 AURORA CO 80014 US	Mailing Address 3025 S PARKER RD STE 109 AURORA CO 80014-2914 US
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UC967190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 Seventeenth Street	3. Mailing Address 1200 Seventeenth Street
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Suite, Apt. #, etc. Suite #1000	Suite, Apt. #, etc. Suite #1000
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City & State Denver CO 80202	City & State Denver CO 80202
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4. FEI Number 23-2038295	Applied For <input type="checkbox"/> Not Applicable
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Zip 80202	Country	Zip 80202	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIT, HERMAN H. 3025 S PARK RD STE 109 AURORA CO 80014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV WYLDE BONNIE C 3025 S PARKER RD STE 109 AURORA CO 80014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DAVID W. 3025 S PARKER RD STE 109 AURORA CO 80014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, JAMES J. 3025 S PARKER RD STE 109 AURORA CO 80014 <input checked="" 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	CEO, President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael C. French 1200 Seventeenth St., Ste #1000 Denver CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Seventeenth Street Denver CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SVP, CFO & Director Peter W. Presperin 1200 Seventeenth St., Ste #1000 Denver CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SVP, Chief Operating Officer/Director Henryk "Hank" Sulikowski 1200 Seventeenth St., Ste #1000 Denver CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, Chief Actuary Bruce Crozier 1200 Seventeenth St., Ste #1000 Denver CO 80202
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: Bonnie C. Wyld Jan 4, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)