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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

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(2)

FILED
May 18 1998 8:00am
Secretary of State

BIRMINGHAM FIRE INSURANCE COMPANY OF PENNSYLVANI						
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`				·····		
Principal Place of Business Mailing Address						,,, 4,2,, 4,2,, 422 ,
1750 CNG TOWER 70 PINE STREET						
PITTSBURGH PA 11582 ATTN E M TUCK US NEW YORK NY 10270				DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualified	
					07/07/1928	
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	Applied For
21		26			25-1118791	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8	75 Additional
22		27			6. Certificate of Status Desired	ee Required
City & State		City & State				.00 May Be
23		28			Trust Fund Contribution	dded to Fees
Zip			Country	1	8. This corporation owes or has paid the current ye	
24	25 29 30				Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	∐ No
TUI			81	Name		
THE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING				1		
TALLAHASSEE FL 32301			82	Street	et Address (P.O. Box Number is Not Acceptable)	
174	SPANOOLE I E OLOVI		63		.,	
			L			
			B4	City	FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	Ie-named	ed corporation submits this statement for the purpose of chang	ing 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						nt as registered
SIGNATURE		one (ii) doone (ii) oo (ii) oo (ii)				
SIGNATURE	Signature, typed or pointed name of registered agent	and title d'applicable (NOTL F	Registered Age	ent signature	ture required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	CPD TUOMAS	DELETE 1.1 TITI			☐ Ch	ange 🔲 Addition 🗦
NAME			1.2 NAME			[3
STREET ADDRESS			1.3 STREET	ADDRESS	SS	[
CITY-ST-ZIP			1.4 CITY - 9	ST-ZIP		
TITLE	HUPP, DAVID	AIDD DAME			LJ Ch	ange 🔲 Addition 🕻
NAME	70 PINE ST.					
STREET ADDRESS	MEW VODY NV		2.3 STREET		88	
CITY-ST-ZIP	Est Control of the Co		2. 4 CITY - 1	ST-ZIP		
TITLE	THOU CUTADETH M		3.1 TITLE		L Ch	ange Addition
NAME PERCET ADDRESS	70 DINE OT		3.2 NAME	1000000		
STREET ADDRESS	NEW YORK NY		3.3 STREET		is	
CITY-ST-ZIP TITLE	0		3.4. CHY-1	S1 - 7#P	Ch.	ange
NAME	<u> </u>	DECAUDEDO MANIDIOS D				arge L. Audition
STREET ADDRESS	TO DIVE OT		4. 2 NAME	ADDDEDO		
	MEM VODY NV		43 STREET		8	
CITY-ST-ZIP TITLE	TVP	☐ DELETE	4.4 CITY - S 5.1 TITLE	i - ZIP	⊠ Ch.	ange Addition
NAME	CASTELLI, MICHAEL		5.2 NAME			mac 🗖 woonion
STREET ADDRESS	99 JOHN ST			ADDOCCO	s To Pina of the A	
	NEW YORK, N Y 00000		5.3 STREET		D : " = = = 1, CG	
CITY-ST-ZiP TITLE	D	DELETE	5.4 CHTY - S 6.1 TITLE	1.71	New York, NY 10270	ange Addition
NAME	OMMIL HOWARD		6.2 NAME			ingo La Roomon
STREET ADDRESS	TO DIMP OY			ADDRESS	6	
CITY-ST-ZIP	MEW YORK NY		6.3 STREET		0	
VIII-91-287			6.4 CITY - S	1-711		

14. Thereby certify that the information supplied with this filling 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 supplemental 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 trustoe 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.

4-29-98

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