

2000 UNIFORM BUSINESS REPORT (UBR)

10/2
0568062

DOCUMENT # 803353

1. Entity Name
BIRMINGHAM FIRE INSURANCE COMPANY OF PENNSYLVANI

FILED

00 JUL -7 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1750 CNG TOWER
PITTSBURGH PA 11582
US

70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270-0002
US



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 **25-1118791** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD TIZZIO, THOMAS 70 PINE ST. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 Water Street New York, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUPP, DAVID 70 PINE ST. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE ST. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, MAURICE R 70 PINE ST. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP CASTELLI, MICHAEL 175 WATER STREET NEW YORK NY 10038 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TVD Jacobson, Robert P 175 Water Street New York, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HOWARD 70 PINE ST. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003317199--3

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: *Elizabeth M. Tuck* Date _____ Daytime Phone # **(212) 770-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-21 (11-14) (2/99)

208



ACCOUNT NO. : 072100000032
 REFERENCE : 755506 4320171
 AUTHORIZATION : *Patricia Pizuto*
 COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000
 ORDER TIME : 4:32 PM
 ORDER NO. : 755506-200
 CUSTOMER NO: 4320171
 CUSTOMER: Ms. Bernadette Colon
 American International Group,
 70 Pine Street
 27th Floor
 New York, NY 10270

ANNUAL REPORT FILING

NAME: BIRMINGHAM FIRE INSURANCE
COMAPNY OF PENNSYLVANIA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

RECEIVED
 00 JUL - 7 PM 4:51
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

EXAMINER'S INITIALS: _____