

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

112

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DOCUMENT # 803353

1. Entity Name
BIRMINGHAM FIRE INSURANCE COMPANY OF PENNSYLVANIA

A



FILED
03 APR 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1750 CNG TOWER
PITTSBURGH PA 11582
US

Mailing Address
70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES **03**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TIZZIO, THOMAS 175 WATER STREET NEW YORK NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUPP, DAVID 70 PINE ST. NEW YORK NY	<input checked="" type="checkbox"/> Delete
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	D GREENBERG, MAURICE R 70 PINE ST. NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD JACOBSON, ROBERT P 175 WATER STREET NEW YORK NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HOWARD 70 PINE ST. NEW YORK NY	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOOR, Kristian P. 175 Water Street New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000017349790	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck* **4/22/03** **(202) 710-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2/2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 073352 4320171
AUTHORIZATION : Patricia Pizuto
COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003
ORDER TIME : 11:20 AM
ORDER NO. : 073352-160
CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

RECEIVED
03 APR 29 PM 4:38
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BIRMINGHAM FIRE INSURANCE COMPANY OF PENNSYLVANIA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____