

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90023 042 ***150.00

DOCUMENT # 805212

1. Entity Name
VIGILANT INSURANCE COMPANY

Principal Place of Business 100 WILLIAM ST NEW YORK NY 10038	Mailing Address C/O HENRY G. GULICK 15 MOUNTAIN VIEW RD., P.O. BOX 1815 WARREN NJ 07059-6711 US
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2. Principal Place of Business 55 Water Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State New York, NY	City & State
Zip 10041	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1963495	Applied For <input type="checkbox"/> Not Applicable
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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, 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. DELETIONS OF OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	DEVLIN, GAIL ELEANOR
STREET ADDRESS	15 MOUNTAIN VIEW ROAD
CITY-ST-ZIP	WARREN NJ 07059
TITLE	<input type="checkbox"/> Delete
NAME	BIDWELL, JOHN C
STREET ADDRESS	15 MOUNTAIN VIEW RD
CITY-ST-ZIP	WARREN NJ 07061
TITLE	<input type="checkbox"/> Delete
NAME	FOWLER, DAVID SEETON
STREET ADDRESS	15 MOUNTAIN VIEW ROAD
CITY-ST-ZIP	WARREN NJ 07059
TITLE	<input type="checkbox"/> Delete
NAME	FAY, GEORGE RONALD
STREET ADDRESS	15 MOUNTAIN VIEW RD
CITY-ST-ZIP	WARREN NJ 07059
TITLE	<input type="checkbox"/> Delete
NAME	GULICK, HENRY GREGORY
STREET ADDRESS	15 MOUNTAIN VIEW RD
CITY-ST-ZIP	WARREN NJ 07059
TITLE	<input type="checkbox"/> Delete
NAME	HARTMAN, DAVID GARDINER
STREET ADDRESS	15 MOUNTAIN VIEW ROAD
CITY-ST-ZIP	WARREN NJ 07059

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED** **Henry G. Gulick** **(908) 903-3561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)