

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90014 006 ***150.00

DOCUMENT # 857508			
1. Entity Name ORION CAPITAL COMPANIES, INC.			
Principal Place of Business 9 FARM SPRINGS RD FARMINGTON CT 06032		Mailing Address 9 FARM SPRINGS RD FARMINGTON CT 06032-2526	
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 06-1073574		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

00013193



DO NOT WRITE IN THIS SPACE

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				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BECKER, W M		NAME	Robert V. Mendelsohn			
STREET ADDRESS	9 FARM SPRINGS DRIVE		STREET ADDRESS	9300 Arrowpoint Boulevard			
CITY-ST-ZIP	FARMINGTON, CT 06000		CITY-ST-ZIP	Charlotte, NC 28201			
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	SVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JACOBSEN, RAYMOND W		NAME	Paul H. Stewman			
STREET ADDRESS	600 FIFTH AVENUE		STREET ADDRESS	9300 Arrowpoint Boulevard			
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP	Charlotte, NC 28201			
TITLE	VSCO	<input checked="" type="checkbox"/> Delete	TITLE	P/COO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHUYLER, RAYMOND J.		NAME	Terry Broderick			
STREET ADDRESS	600 FIFTH AVENUE		STREET ADDRESS	9300 Arrowpoint Boulevard			
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP	Charlotte, NC 28201			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VINCI, PETER M.		NAME				
STREET ADDRESS	9 FARM SPRINGS DR.		STREET ADDRESS	9 Farm Springs Road			
CITY-ST-ZIP	FARMINGTON CT		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SPITZER, JUDY S		NAME				
STREET ADDRESS	9 FARM SPRINGS DR		STREET ADDRESS	9 Farm Springs Road			
CITY-ST-ZIP	FARMINGTON CT		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEBB, JAMES W.		NAME	David B. Semeraño			
STREET ADDRESS	9 FARM SPRINGS DRIVE		STREET ADDRESS	9 Farm Springs Road			
CITY-ST-ZIP	FARMINGTON CT		CITY-ST-ZIP	Farmington, CT 06032			

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: *Judy S. Spitzer* **SIGNATURE REQUIRED** **Judy S. Spitzer** *1/25/2000* **(860) 674-6881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #