

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 06 1997 8:00am  
Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000002861 (0)**  
1. Corporation Name  
**TRANS-GENERAL CASUALTY INSURANCE COMPANY, INC.**



Principal Place of Business  
**FOSTER PLAZA VIII  
730 HOLIDAY DRIVE  
PITTSBURGH PA 15220**

Mailing Address  
**FOSTER PLAZA VIII  
730 HOLIDAY DRIVE  
PITTSBURGH PA 15220-2748**

3. Date Incorporated or Qualified  
**06/07/1996**

3a. Date of Last Report

4. FEI Number  
**25-1334623**

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **Fifth Avenue Place**

2a. Mailing Address  
26 **P. O. Box 535061**

Suite, Apt. #, etc.  
22 **120 Fifth Avenue**

27 Suite, Apt. #, etc.

City & State  
23 **Pittsburgh, PA**

28 **Pittsburgh, PA**

Zip Country  
24 **15222-3099** 25 **USA**

29 **5253-9911** 30 **USA**

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signed, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **C**  DELETE

NAME **LOWRY, WILLIAM M**

STREET ADDRESS **FIFTH AVENUE PLACE**

CITY - ST - ZIP **PITTSBURGH PA 15220**

TITLE **D**  DELETE

NAME **COLKER, JAMES M**

STREET ADDRESS **CEO VENTURE FUND**

CITY - ST - ZIP **PITTSBURGH PA 15213**

TITLE **D**  DELETE

NAME **GEORGIADIS, GUS P**

STREET ADDRESS **FIFTH AVENUE PLACE**

CITY - ST - ZIP **PITTSBURGH PA 15222**

TITLE **D**  DELETE

NAME **KAPPMAYER, KEITH**

STREET ADDRESS **FIFTH AVENUE PLACE**

CITY - ST - ZIP **PITTSBURGH PA 15222**

TITLE **DCEO**  DELETE

NAME **KUBIT, DENNIS M**

STREET ADDRESS **FIFTH AVENUE PLACE**

CITY - ST - ZIP **PITTSBURGH PA 15222**

TITLE **D**  DELETE

NAME **SHAFFER, JOHN N**

STREET ADDRESS **MCCROSKY TOOL CORPORATION**

CITY - ST - ZIP **MEADVILLE PA 16335**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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, the receiver or trustee 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.

SIGNATURE: *[Signature]* **2/28/97** **800-328-5433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)