

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

0712364

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002861 (0)**  
 1. Corporation Name  
**TRANS-GENERAL CASUALTY INSURANCE COMPANY, INC.**



Principal Place of Business <b>FIFTH AVENUE PLACE 120 FIFTH AVENUE PITTSBURGH PA 15222-3099 US</b>	Mailing Address <b>P.O BOX 535061 PITTSBURGH PA 15253-9911 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>06/07/1998 6/22/77</b>	4. FEI Number <b>25-1334623</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22 Attn: Mary Ann Mattern</b>	Suite, Apt. #, etc. <b>27 P6108</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LOWRY, WILLIAM M</b>		1.2 NAME <b>Smollinger, Carl W.</b>	
STREET ADDRESS <b>FIFTH AVENUE PLACE</b>		1.3 STREET ADDRESS <b>Fifth Avenue Place</b>	
CITY-ST-ZIP <b>PITTSBURGH PA 15220</b>		1.4 CITY-ST-ZIP <b>Pittsburgh, PA 15220</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COLKER, JAMES M</b>		2.2 NAME <b>Mallen Gerard T</b>	
STREET ADDRESS <b>CEO VENTURE FUND</b>		2.3 STREET ADDRESS <b>7026 Bennington Woods Dr</b>	
CITY-ST-ZIP <b>PITTSBURGH PA 15213</b>		2.4 CITY-ST-ZIP <b>Pittsburgh, PA</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GEORGIADIS, GUS P</b>		3.2 NAME <b>Robb Paul A.</b>	
STREET ADDRESS <b>FIFTH AVENUE PLACE</b>		3.3 STREET ADDRESS <b>367 Maple Ave</b>	
CITY-ST-ZIP <b>PITTSBURGH PA 15222</b>		3.4 CITY-ST-ZIP <b>Edgewood, PA 15218</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KAPMEYER, KEITH</b>		4.2 NAME <b>Blanchard, Catherine L</b>	
STREET ADDRESS <b>FIFTH AVENUE PLACE</b>		4.3 STREET ADDRESS <b>154 McLanahan Dr.</b>	
CITY-ST-ZIP <b>PITTSBURGH PA 15222</b>		4.4 CITY-ST-ZIP <b>Beaver Falls, PA 15010</b>	
TITLE <b>DCEO</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KUBIT, DENNIS M</b>		5.2 NAME <b>Susi, Eugene A</b>	
STREET ADDRESS <b>FIFTH AVENUE PLACE</b>		5.3 STREET ADDRESS <b>700 Penn St.</b>	
CITY-ST-ZIP <b>PITTSBURGH PA 15222</b>		5.4 CITY-ST-ZIP <b>Pittsburgh, PA 15215</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHAFFER, JOHN N</b>		6.2 NAME <b>Middleton John</b>	
STREET ADDRESS <b>MCCROSKY TOOL CORPORATION</b>		6.3 STREET ADDRESS <b>Fifth Avenue Place</b>	
CITY-ST-ZIP <b>MEADVILLE PA 16335</b>		6.4 CITY-ST-ZIP <b>Pittsburgh, PA 15220</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 or 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 omitted in attachment with an address.

SIGNATURE: *[Signature]*

7/21/98

CR2E034 (5/98)