

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003495

1. Corporation Name

L.H.I.W. INSURANCE COMPANY

Principal Place of Business

**THREE PARKWAY
PHILADELPHIA PA 19102**

Mailing Address

**THREE PARKWAY
PHILADELPHIA PA 19102**

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90016 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

38-1865162

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DAILEY, JEFFREY J	
STREET ADDRESS	1717 EAST NINTH STREET	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VCLO	<input type="checkbox"/> DELETE
NAME	KORAN, CAROLINE M	
STREET ADDRESS	1717 EAST NINTH STREET	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SADLER, ROBERT	
STREET ADDRESS	1717 EAST NINTH STREET	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCLEAN, KEVIN G	
STREET ADDRESS	77 WATER STREET	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEVAN, ROGER S	
STREET ADDRESS	1717 EAST NINTH STREET	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLIVESS, MICHAEL P	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA 19102	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 (212) 858-9164

CR25034 (11/98)