

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

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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90138 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000006123**  
 1. Corporation Name  
**URBAN INSURANCE COMPANY OF PENNSYLVANIA**



Principal Place of Business 999 STEWART AVE BETHPAGE NY 11714	Mailing Address 999 STEWART AVE BETHPAGE NY 11714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>11/04/1998</b>	4. FEI Number <b>23-2692669</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REIERSEN, JOHN D	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NEZAMOODEEN, PHILBERT A	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MASOTTI, MICHELLE A	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACH, ROBERT M	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIVITTORIO, ROY	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISAACS, LAWRENCE S	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	

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	V/S/T/D	<input checked="" 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	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V/D	<input checked="" 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:** \_\_\_\_\_ **Date** **4/23/99** **Daytime Phone #** **(516) 393-4006**

CR2E034 (11/98)

F98000006123  
401257-90138-18

**URBAN INSURANCE COMPANY OF PENNSYLVANIA**

**1999 PROFIT CORPORATION ANNUAL REPORT**

**LIST OF ADDITIONAL OFFICERS AND DIRECTORS**

Jasper John Jackson  
999 Stewart Avenue  
Bethpage, NY 11714

Vice President and Director

Hylan Thomas Hubbard, III  
999 Stewart Avenue  
Bethpage, NY 11714

Vice President and Director

Lisa Grapek Drillich  
999 Stewart Avenue  
Bethpage, NY 11714

Assistant Secretary and Director