

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35235 (1)**
1. Corporation Name

~~FIEMARK INSURANCE COMPANY~~
Firemark Insurance Company



Principal Place of Business Mailing Address
~~FOUR PENN CENTER PLAZA PHILADELPHIA PA 19109~~
~~FOUR PENN CENTER PLAZA PHILADELPHIA PA 19109~~

000001832770
-05/21/96--01116--030

2. Principal Place of Business
21 2700 Van Buren Avenue

2a. Mailing Address
26 100 North Parkway

3. Date of Last Report Qualified 08/22/1991
3a. Date of Last Report 04/25/1995

22 Suite, Apt. #, etc.

27 C. Bellantoni (N-255)

4. FEI Number 23-2643430 Applied For Not Applicable

23 City & State
Valley Forge PA

28 City & State
Worcester MA

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

24 Zip 19485-1001 25 USA

29 Zip 01605 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32399-0300~~

81 Name Mr. Dale Harrison
82 Street Address (P.O. Box Number is Not Acceptable) 3740 St. John's Bluff Rd., Ste. 9
83
84 City Jacksonville FL 85 Zip Code 32224

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Dale Harrison*

Signature of New Registered Agent

DATE *May 13, 1996*

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARR, JEROME H.	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	OLSMAN, ROBERT C	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SPECTOR, PAUL R.	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John F. O'Brien	
1.3 STREET ADDRESS	66 Homestead Street	
1.4 CITY-ST-ZIP	Newton MA 02168	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Theodore J. Rupley	
2.3 STREET ADDRESS	9 Wingate Lane	
2.4 CITY-ST-ZIP	Acton MA 01720	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James F. Richardson	
3.3 STREET ADDRESS	6 MacNeill Drive	
3.4 CITY-ST-ZIP	Southboro MA 01772	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph V. Rovito	
4.3 STREET ADDRESS	9 Lantern Road	
4.4 CITY-ST-ZIP	Framingham MA 01701	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Edward J. Parry, III	
5.3 STREET ADDRESS	29 Sandy Way	
5.4 CITY-ST-ZIP	Cumberland RI 02864	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William J. Cahill, Jr.	
6.3 STREET ADDRESS	10 Planters Road	
6.4 CITY-ST-ZIP	Beverly MA 01915	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William J. Cahill, Jr.*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 (508) 851-3955
DATE DATE OF FILING

CR2E034 (12/95)