FILE NOW: FILING FEE AFTER MAY 1 IS $200.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 803463 (9)

1. Corporation Name

WESTCHESTER FIRE INSURANCE COMPANY

Principal Place of Business
C/O WESTCHESTER SPECIALTY GROUP
SIX CONCOURSE PKWY. STE 2700
ATLANTA GA 30328
US

Mailing Address
C/O WESTCHESTER SPECIALTY
PO BOX 740276 TAX DEPT
ATLANTA GA 30374-0276
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1929
3a. Date of Last Report: 04/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 — County — 25
Zip — 29 — County — 30

4. FEI Number: 13-5491330 — 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
DEPT. OF INSURANCE
LARSON BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City — FL — 65 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	REDING, DENNIS B	1.2 NAME		
STREET ADDRESS	3004 CASTLE PINES DR	1.3 STREET ADDRESS		
CITY - ST - ZIP	DULUTH GA	1.4 CITY - ST - ZIP		
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	BLAETT, DODDRIDGE H	2.2 NAME	Biaett, Doddridge H.	
STREET ADDRESS	8710 TORRINGTON DR	2.3 STREET ADDRESS		
CITY - ST - ZIP	ROSWELL GA	2.4 CITY - ST - ZIP		
TITLE	VTD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GARRIGAN, WILLIAM P.	3.2 NAME		
STREET ADDRESS	864 CHESTNUT LAKE DR.	3.3 STREET ADDRESS		
CITY - ST - ZIP	MARIETTA GA	3.4 CITY - ST - ZIP		
TITLE	V	4.1 TITLE	S	☒ Change ☐ Addition
NAME	CHADWICK, JACK W	4.2 NAME		
STREET ADDRESS	135 NORTHERN OAKS CT	4.3 STREET ADDRESS		
CITY - ST - ZIP	ALPHARETTA GA	4.4 CITY - ST - ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	PLAZAK, RICHARD	5.2 NAME		
STREET ADDRESS	84 AMANDA CT	5.3 STREET ADDRESS		
CITY - ST - ZIP	DANVILLE CA	5.4 CITY - ST - ZIP		
TITLE	VP	6.1 TITLE	V/T/D	☐ Change ☒ Addition
NAME	GEORGE, JOSEPH J	6.2 NAME	Tam, Tommy T.	
STREET ADDRESS	4796 BROXBOURNE DR	6.3 STREET ADDRESS	104 Butler Creek Court	
CITY - ST - ZIP	MARIETTA GA	6.4 CITY - ST - ZIP	Duluth, GA	

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: _____ Jack W. Chadwick (404)-393-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 FP