

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837518** (0)
1. Corporation Name
LAWRENCEVILLE PROPERTY AND CASUALTY CO., INC.



Principal Place of Business 8303 ARLINGTON BLVD STE 102 FAIRFAX VI 22031 US	Mailing Address 2 PRINCESS RD LAWRENCEVILLE NJ 08648 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1976	
4. FEI Number 54-0921896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business 21 Crystal Park III,		2a. Mailing Address 26	
Suite, Apt. #, etc. 22 2231 Crystal Drive, Ste 5007		Suite, Apt. #, etc. 28	
City & State 23 Arlington, Virginia		City & State 28	
Zip 24 22202	Country 25 Arlington	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	MARESA, VINCENT A <input checked="" type="checkbox"/> DELETE	1.1 TITLE VP/CFO and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 2 PRINCESS RD		1.2 NAME KENNETH KOREYVA	
STREET ADDRESS LAWRENCEVILLE NJ		1.3 STREET ADDRESS TWO PRINCESS ROAD	
CITY-ST-ZIP LAWRENCEVILLE NJ		1.4 CITY-ST-ZIP LAWRENCEVILLE, NEW JERSEY 08648	
TITLE PD	GOLDBERG, DANIEL <input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT/CHIEF EXECUTIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 2 PRINCESS ROAD		2.2 NAME OFFICER	
STREET ADDRESS LAWRENCEVILLE NJ		2.3 STREET ADDRESS TWO PRINCESS ROAD	
CITY-ST-ZIP LAWRENCEVILLE NJ		2.4 CITY-ST-ZIP LAWRENCEVILLE, NEW JERSEY 08648	
TITLE S	MARTINI, DAVID M <input checked="" type="checkbox"/> DELETE	3.1 TITLE CHIEF OPERATING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 2 PRINCESS RD		3.2 NAME RONALD D. WADE	
STREET ADDRESS LAWRENCEVILLE NJ		3.3 STREET ADDRESS TWO PRINCESS ROAD	
CITY-ST-ZIP LAWRENCEVILLE NJ		3.4 CITY-ST-ZIP LAWRENCEVILLE, NEW JERSEY 08648	
TITLE T	POGORZELSKI, JAMES D <input checked="" type="checkbox"/> DELETE	4.1 TITLE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 2 PRINCESS RD		4.2 NAME HILLEL M. BEN-ASHER, M.D.	
STREET ADDRESS LAWRENCEVILLE NJ		4.3 STREET ADDRESS TWO PRINCESS ROAD	
CITY-ST-ZIP LAWRENCEVILLE NJ		4.4 CITY-ST-ZIP LAWRENCEVILLE, NEW JERSEY 08648	
TITLE D	HILLEL, BEN ASHER <input type="checkbox"/> DELETE	5.1 TITLE ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 2 PRINCESS RD		5.2 NAME CAHTERINE E. WILLIAMS	
STREET ADDRESS LAWRENCEVILLE NJ		5.3 STREET ADDRESS TWO PRINCESS ROAD	
CITY-ST-ZIP LAWRENCEVILLE NJ		5.4 CITY-ST-ZIP LAWRENCEVILLE, NEW JERSEY 08648	
TITLE D	FORMICA, PALMA <input type="checkbox"/> DELETE	6.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 2 PRINCESS RD		6.2 NAME TWO PRINCESS ROAD	
STREET ADDRESS LAWRENCEVILLE NJ		6.3 STREET ADDRESS TWO PRINCESS ROAD	
CITY-ST-ZIP LAWRENCEVILLE NJ		6.4 CITY-ST-ZIP TWO PRINCESS ROAD	

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.

SIGNATURE _____ 3/18/98 609 500 21011

CR2E034 (10/97)