FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800890 (6)

1. Corporation Name

UNITED STATES FIRE INSURANCE COMPANY

Principal Place of Business	Mailing Address
110 WILLIAM STREET NEW YORK, NEW YORK 10038 US	6 SYLVAN WAY PO BOX 439 PARSIPPANY, NJ 07054-0439 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1929	3a. Date of Last Report: 04/15/94
4. FEI Number: 13-5459190	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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21): Suite, Apt #, etc (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt #, etc (27); City & State (28); Zip (29); Country (30)

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL BLDG
TALLAHASSEE FL 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILCOX, CHARLES EMERY 28 BROOKSIDE CT NAVATO CA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition 000001478870 -05/08/95--01050--013 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CPD STARK, JAMES A 119 DYCKMAN PL BASKING RIDGE NJ	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V HAMMER, DENNIS J 48 VAIL TERRACE BRANCHBURG NJ	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition V HAMMER, DENNIS J 48 VAIL TERRACE SOMERVILLE NJ 07946
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V STAPLES, DAVID G 125 N HILLSIDE AVE CHATHAM NJ	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD DOTO, MARTIN M 4564 CONE WOOD TRAIL MANLIUS NY	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☒ Change ☐ Addition VD MALLOY, GREGORY W 20 WINDING WAY FLEMINGTON NJ 08822
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VS KILLELEA, JAMES K 10 HALSTEAD LN BRANFORD CT	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☒ Change ☐ Addition VD SMITH, FRANCES 50 CLUB DRIVE SUMMIT NJ 07901

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)(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: _____ DAVID G STAPLES 04/27/95 (201) 490-6600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL VICE PRESIDENT — Date — Daytime Phone #