

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

FILED
Apr 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **800890** (6)

1. Corporation Name
UNITED STATES FIRE INSURANCE COMPANY



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|--|--|
| Principal Place of Business 110 WILLIAM ST. NEW YORK NY 10038 US | Mailing Address Crum & Forster Insurance Tax Department, PO Box 1943 305 Madison Avenue Morristown, NJ 07960 |
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| 3. Date Incorporated or Qualified 11/04/1929 | 3a. Date of Last Report 04/02/1996 |
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|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 305 Madison Ave. |
| 22 City & State | 27 |
| 23 Zip | 28 Morristown, NJ |
| 24 Country | 29 07960 |
| | 30 US |

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|---|--|
| 4. FEI Number 13-5459190 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|-----------|
| 9. Name and Address of Current Registered Agent | |
| INSURANCE COMMISSIONER STATE CAPITOL BLDG. TALLAHASSEE FL 32399-0700 | |
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | FL |
| B5 Zip Code | |

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| 10. Name and Address of New Registered Agent | |
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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 | VD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUTENSKI, RICHARD P | 1.2 NAME | |
| STREET ADDRESS | 2 COLBY FARMS ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTER NJ | 1.4 CITY-ST-ZIP | |
| TITLE | CPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARK, JAMES A. | 2.2 NAME | |
| STREET ADDRESS | 119 DYCKMAN PL. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BASKING RIDGE NJ 07920 | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMMER, DENNIS J. | 3.2 NAME | |
| STREET ADDRESS | 48 VAIL TER. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANCHBURG NJ 07946 | 3.4 CITY-ST-ZIP | SOMERVILLE, NJ 07946 |
| TITLE | VD | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MALLOY, GREGORY W. | 4.2 NAME | DRAGO, PATRICIA A |
| STREET ADDRESS | 20 WINDING WAY | 4.3 STREET ADDRESS | 150 VILLAGE DR. |
| CITY-ST-ZIP | FLEMINGTON NJ 08822 | 4.4 CITY-ST-ZIP | BASKING RIDGE, NJ 07920 |
| TITLE | VD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, FRANCES | 5.2 NAME | |
| STREET ADDRESS | 50 CLUB DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUMMITT NJ 07901 | 5.4 CITY-ST-ZIP | |
| TITLE | V | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STAPLES, DAVID G. | 6.2 NAME | CHADWICK, JACK W |
| STREET ADDRESS | 114 FRANKLIN STREET APT 6FL | 6.3 STREET ADDRESS | 3 COUNTRYSIDE DR. |
| CITY-ST-ZIP | MORRISTOWN NJ | 6.4 CITY-ST-ZIP | ROCKAWAY, NJ |

14. I do 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 as an attachment with an address.

SIGNATURE  **JACK W. CHADWICK** (201) 490-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002236

CR2E034 (9/96)