

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

FILED
Apr 01 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 800890 (6)
1. Corporation Name
UNITED STATES FIRE INSURANCE COMPANY

Principal Place of Business

110 WILLIAM ST.
NEW YORK NY 10038
US

Mailing Address

305 MADISON AVE.
P.O. BOX 439
MORRISTOWN NJ 07960
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P.O. Box 1943
City & State

28 Zip Country

29 07960-1943 30

3. Date Incorporated or Qualified

11/04/1929

4. FEI Number

13-5459190

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL BLDG.
TALLAHASSEE FL 32399-0700

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LUTENSKI, RICHARD P | |
| STREET ADDRESS | 2 COLBY FARMS ROAD | |
| CITY-ST-ZIP | SOMERVILLE NJ | |
| TITLE | CPD | <input type="checkbox"/> DELETE |
| NAME | STARK, JAMES A. | |
| STREET ADDRESS | 119 DYCKMAN PL. | |
| CITY-ST-ZIP | BASKING RIDGE NJ 07920 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HAMMER, DENNIS J. | |
| STREET ADDRESS | 48 VAIL TER. | |
| CITY-ST-ZIP | BRANCHBURG NJ 07946 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DRAGO, PATRICIA A | |
| STREET ADDRESS | 150 VILLAGE DR. | |
| CITY-ST-ZIP | BASKING RIDGE NJ | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SMITH, FRANCES | |
| STREET ADDRESS | 50 CLUB DRIVE | |
| CITY-ST-ZIP | SUMMITT NJ 07901 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CHADWICK, JACK W | |
| STREET ADDRESS | 3 COUNTRYSIDE DR | |
| CITY-ST-ZIP | ROCKAWAY NJ | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

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: 

(973) 490-6600

CR2E034 (10/97)