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000306

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90119 044 ***150.00

DOCUMENT # 800890

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.
PO BOX 1943
MORRISTOWN NJ 07960-943
US

DO NOT WRITE IN THIS SPACE

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

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip Country

23

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

29 07960-1943 30

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 ☐ DELETE

NAME LUTENSKI, RICHARD P
STREET ADDRESS 2 COLBY FARMS ROAD
CITY-ST-ZIP SOMERVILLE NJ

TITLE CPD ☒ DELETE

NAME STARK, JAMES A.
STREET ADDRESS 119 DYCKMAN PL.
CITY-ST-ZIP BASKING RIDGE NJ 07920

TITLE V ☐ DELETE

NAME HAMMER, DENNIS J.
STREET ADDRESS 48 VAIL TER.
CITY-ST-ZIP BRANCHBURG NJ 07946

TITLE VD ☐ DELETE

NAME DRAGO, PATRICIA A
STREET ADDRESS 150 VILLAGE DR.
CITY-ST-ZIP BASKING RIDGE NJ

TITLE VD ☐ DELETE

NAME SMITH, FRANCES
STREET ADDRESS 50 CLUB DRIVE
CITY-ST-ZIP SUMMITT NJ 07901

TITLE V ☐ DELETE

NAME CHADWICK, JACK W
STREET ADDRESS 3 COUNTRYSIDE DR
CITY-ST-ZIP ROCKAWAY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Chairman of the Board, D
Robert H. Rich
7 Gatehouse Court
Convent Station, NJ 07961

President, COE, Director ☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

Daytime Phone #

(977) 490-6600

CR2E034 (11/98)