

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 803463 (9)

WESTCHESTER FIRE INSURANCE COMPANY

Principal Place of Business

110 WILLIAM ST.
NEW YORK NY 10038
US

Mailing Address

SIX CONCOURSE PKWY
STE 2700
ATLANTA GA 30328-5513
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
DEPT. OF INSURANCE
LARSON BUILDING
TALLAHASSEE FL 32399

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/22/1929

3a. Date of Last Report

05/01/1996

4. FEI Number

13-5481330

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 s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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	CD	<input type="checkbox"/> DELETE
NAME	REDING, DENNIS B	
STREET ADDRESS	3004 CASTLE PINES DR	
CITY-ST-ZIP	DULUTH GA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GIERYN, RICHARD T JR.	
STREET ADDRESS	SIX CONCOURSE PKWY., STE. 2700	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GARRIGAN, WILLIAM P.	
STREET ADDRESS	884 CHESTNUT LAKE DR.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CHADWICK, JACK W	
STREET ADDRESS	135 NORTHERN OAKS CT	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PLAZAK, RICHARD	
STREET ADDRESS	84 AMANDA CT	
CITY-ST-ZIP	DANVILLE CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HITCHCOCK, EDWARD K	
STREET ADDRESS	275 BATTERY STREET, SUITE 1500	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Please see Attachment for additional officers and directors (Vice President and up)
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200002162124
-05/01/97--01075--039
***165.00

SIGNATURE:

Denise A. Santoro
Asst. Secretary

April 25, 1997

770/393-9955

Date

Daytime Phone

0011989

DO NOT RETURN TO CORP

CR2E034 (9/96)