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FILED

Jan 30 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 # **803463** (9)
1. Corporation Name
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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1929

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

2. Principal Place of Business

2a. Mailing Address

21

26 **Six Concourse Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **Suite 2500**

City & State

City & State

23

28 **Atlanta, GA 30328-5513**

Zip

Country

Zip

Country

24

25

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

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** ☐ DELETE

NAME **REDING, DENNIS B**
STREET ADDRESS **3004 CASTLE PINES DR**
CITY-ST-ZIP **DULUTH GA**

TITLE **VS** ☐ DELETE

NAME **GIERYN, RICHARD T JR.**
STREET ADDRESS **SIX CONCOURSE PKWY., STE. 2700**
CITY-ST-ZIP **ATLANTA GA 30328**

TITLE **DV** ☐ DELETE

NAME **HITCHCOCK, EDWARD K**
STREET ADDRESS **275 BATTERY STREET, SUITE 1500**
CITY-ST-ZIP **SAN FRANCISCO CA 94111**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 **Richard T. Gieryn, Jr.**

1/23/98 (770) 393-9955

CR2E034 (10/97)