

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90326 015 ***150.00

DOCUMENT # 803463

1. Entity Name

WESTCHESTER FIRE INSURANCE COMPANY

Principal Place of Business

110 WILLIAM ST.
 NEW YORK NY 10038
 US

Mailing Address

SIX CONCOURSE PKWY
 SUITE 2500
 ATLANTA GA 30328-5342
 US

2. Principal Place of Business

3. Mailing Address

1601 Chestnut St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7213A

City & State

City & State

Philadelphia, PA

Zip

Country

Zip

Country

19103

4. FEI Number

13-5481330

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 DEPT. OF INSURANCE
 LARSON BUILDING
 TALLAHASSEE FL 32399**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	REDDING, DENNIS B	3004 CASTLE PINES DR	DULUTH GA	<input type="checkbox"/>
VS	GIERNY, RICHARD T JR.	SIX CONCOURSE PKWY, SUITE 2500	ATLANTA GA 30328	<input type="checkbox"/>
DV	HITCHCOCK, EDWARD K	275 BATTERY STREET, SUITE 1500	SAN FRANCISCO CA 94111	<input type="checkbox"/>
AS	DAVID B. CORWIN	1601 Chestnut St	Phila, PA 19103	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1601 Chestnut St	Phila, PA 19103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1601 Chestnut	Phila, PA	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID B. CORWIN
 DAVID B. CORWIN

4/28/00
 215-640-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)