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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **837518** **(0)**

1. Corporation Name
LAWRENCEVILLE PROPERTY AND CASUALTY CO., INC.

Principal Place of Business	Mailing Address
2000 CAORPORATE RIDGE STE 160 MCLEAN VA 22102 US	6601 SIX FORKS ROAD RALEIGH NC 27615-6519

3. Date Incorporated or Qualified: 12/08/1976	3a. Date of Last Report: 03/05/1996
4. FEI Number: 54-0921896	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 8303 Arlington blvd	26 Two Princess Road
Suite, Apt. #, etc.: 22 Suite 102	Suite, Apt. #, etc.: 27
City & State: 23 Fair fax , Virginia	City & State: 28 Lawrenceville, NJ
Zip: 24 22031 Country: 25 Fairfax	Zip: 29 08648 Country: 30 Mercer

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	BARMORE, GREGORY T		1.2 NAME	Maresa , Vincent A.	
STREET ADDRESS	6601 SIX FORKS ROAD		1.3 STREET ADDRESS	Two Princess Road	
CITY-ST-ZIP	RALEIGH NC		1.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	SVPD	☒ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LITTLES, CAROLYN S		2.2 NAME	Goldberg , Daniel	
STREET ADDRESS	6601 SIX FORKS ROAD		2.3 STREET ADDRESS	Two Princess Road	
CITY-ST-ZIP	RALEIGH NC		2.4 CITY-ST-ZIP	LAwrenceville,NJ 08648	
TITLE	PD	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	ZAFIROUSKI, MIKE S		3.2 NAME	Martini , David M	
STREET ADDRESS	6601 SIX FORKS ROAD		3.3 STREET ADDRESS	Two Princess Road	
CITY-ST-ZIP	RALEIGH NC		3.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	MD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HECK, MARTIN H		4.2 NAME	Pogorzelski, James D	
STREET ADDRESS	6601 SIX FORKS ROAD		4.3 STREET ADDRESS	Two Princess Road	
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	V	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GREEN, JEANNIE B		5.2 NAME	Ben - Asher, Hillel	
STREET ADDRESS	6601 SIX FORKS ROAD		5.3 STREET ADDRESS	Two Princess Road	
CITY-ST-ZIP	RALEIGH NC		5.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	SVD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, GERHARD A		6.2 NAME	Formica, Palma	
STREET ADDRESS	6601 SIX FORKS ROAD		6.3 STREET ADDRESS	Two Princess Road	
CITY-ST-ZIP	RALEIGH NC 27615		6.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	

CR2E034 (9/96)

14. I do 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: SIGNATURE REQUIRED 5/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #