

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90046 013 ***150.00

DOCUMENT # 837518

1. Corporation Name

LAWRENCEVILLE PROPERTY AND CASUALTY CO., INC.

Principal Place of Business

CRYSTAL PARK III
2231 CRYSTAL DR. STE 500
ARLINGTON VA 22202
US

Mailing Address

2 PRINCESS RD
LAWRENCEVILLE NJ 08648
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1976

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPCT ☐ DELETE
NAME KOREYVA, KENNETH
STREET ADDRESS 2 PRINCESS RD
CITY-ST-ZIP LAWRENCEVILLE NJ 08648

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition
1.2 NAME WILLIAMS, CATHERINE E.
1.3 STREET ADDRESS 2 Princess Road
1.4 CITY-ST-ZIP Lawrenceville, NJ 08648

TITLE PC ☐ DELETE
NAME GOLDBERG, DANIEL
STREET ADDRESS 2 PRINCESS ROAD
CITY-ST-ZIP LAWRENCEVILLE NJ

2.1 TITLE Chief Operating Officer ☐ Change ☒ Addition
2.2 NAME REDMAN, THOMAS M.
2.3 STREET ADDRESS 2 Princess Road
2.4 CITY-ST-ZIP Lawrenceville, NJ 08648

TITLE C ☒ DELETE
NAME WADE, RONALD D
STREET ADDRESS 2 PRINCESS RD
CITY-ST-ZIP LAWRENCEVILLE NJ 08648

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME BEN-ASHER, HILLEL M MD
STREET ADDRESS 2 PRINCESS RD
CITY-ST-ZIP LAWRENCEVILLE NJ 08648

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HILLEL, BEN ASHER
STREET ADDRESS 2 PRINCESS RD
CITY-ST-ZIP LAWRENCEVILLE NJ

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME FORMICA, PALMA
STREET ADDRESS 2 PRINCESS RD
CITY-ST-ZIP LAWRENCEVILLE NJ

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, with all other like empowered.

SIGNATURE:

Katherine E. Williams
Katherine E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

545595-90046-13
Doc# 837518

Block 13

Additional Directors of Lawrenceville Property and Casualty Co., Inc.

Title: D:
Name: Hirsch, Paul, J., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Liss, Henry R., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Maressa, Vincent A., Esq.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Matez, Murray N., D.O.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Moloney, Charles J., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Sciallis, Gabriel F., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Sorger, Martin L., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648