

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90063 016 ***150.00

0574136

DOCUMENT # 837518

1. Entity Name

LAWRENCEVILLE PROPERTY AND CASUALTY COMPANY

Principal Place of Business

Mailing Address

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

**2 PRINCESS RD
LAWRENCEVILLE NJ 08648
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-0921896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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, 2001 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 ☐ Delete
NAME **PCEO**
STREET ADDRESS **KOREYA, KENNETH**
CITY-ST-ZIP **2 PRINCESS RD
LAWRENCEVILLE NJ 08648**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VTCF**
STREET ADDRESS **REDMAN, THOMAS**
CITY-ST-ZIP **2 PRINCESS ROAD
LAWRENCEVILLE NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SMEREC, DANIEL G**
CITY-ST-ZIP **2 PRINCESS RD
LAWRENCEVILLE NJ 08648**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **MARESSA, VINCENT A ESQ.**
CITY-ST-ZIP **2 PRINCESS RD
LAWRENCEVILLE NJ 08648**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HIRSCH, PAUL J MD**
CITY-ST-ZIP **2 PRINCESS RD
LAWRENCEVILLE NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MISKOFF, A. RICHARD D.O.**
CITY-ST-ZIP **2 PRINCESS RD
LAWRENCEVILLE NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Redman 3/12/01 (609) 896-2404, 1339

Date

Daytime Phone #

CR2E034 (10/00)

B0020535



DO NOT WRITE IN THIS SPACE

Block 12

Additional Officers of Lawrenceville Property and Casualty Company:

Title: V/S:
Name: Catherine E. Williams
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

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B0020535

Additional Directors of Lawrenceville Property and Casualty Company:

Title: D:
Name: Koreyva, Kenneth
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: C:
Name: ~~Maressa, Vincent A., Esq.~~
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: Smereck, Daniel G.
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

Title: D:
Name: Sullivan, Bessie M., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648