

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001476914
-05/05/95--01020--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 855601 (1)

1. Corporation Name

~~PRIMA-LE PROPERTY AND CASUALTY INSURANCE CORPORATION~~
UNDERWRITERS INSURANCE COMPANY

Principal Place of Business

Mailing Address

~~6601 SIX FORKS ROAD
PO BOX 177600
RALEIGH, NC 27616-6640~~

~~6601 SIX FORKS ROAD
PO BOX 177600
RALEIGH, NC 27616-6640~~

3. Date Incorporated or Qualified
02/21/1983

3a. Date of Last Report
02/11/1994

4. FEI Number

56-0997453

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. 199.04, Florida Statutes.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 22801 Ventura Blvd.

26 P.O. Box 7040

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27

City & State

City & State

23 Woodland Hills, CA

28 Woodland Hills, CA

24 91364

25 USA

29 91364

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

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 607.0602 and 607.1506, 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 of registered agent or registered agent in charge of the corporation)

(Signature of registered agent or registered agent in charge of the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME BARMORE, GREGORY T.
STREET ADDRESS 6601 SIX FORKS RD.
CITY, ST, ZIP RALEIGH NC

1. TITLE P/D
2. NAME Dennis E. Arnold
3. STREET ADDRESS 22801 Ventura Blvd., #300
4. CITY, ST, ZIP Woodland Hills, CA 91364

☒ Change ☐ Addition

TITLE VTD
NAME BOROM, MICHAEL P
STREET ADDRESS 6601 SIX FORKS RD
CITY, ST, ZIP RALEIGH NC

1. TITLE V/CFO/T
2. NAME Stephen C. Kolakowski
3. STREET ADDRESS 22801 Ventura Blvd., #300
4. CITY, ST, ZIP Woodland Hills, CA 91364

☐ Change ☐ Addition

TITLE VD
NAME MILLER, GERHARD A
STREET ADDRESS 6601 SIX FORKS ROAD
CITY, ST, ZIP RALEIGH NC

1. TITLE V/S
2. NAME Pamela Taylor
3. STREET ADDRESS 22801 Ventura Blvd., #300
4. CITY, ST, ZIP Woodland Hills, CA 91364

☒ Change ☐ Addition

TITLE S
NAME HINKLE, CATHERINE D
STREET ADDRESS 6601 SIX FORKS ROAD
CITY, ST, ZIP RALEIGH NC

1. TITLE D
2. NAME Jonathan F. Bank
3. STREET ADDRESS 22801 Ventura Blvd., #300
4. CITY, ST, ZIP Woodland Hills, CA 91364

☒ Change ☐ Addition

TITLE D
NAME PFEIFFER, THOMAS M
STREET ADDRESS 6601 SIX FORKS ROAD
CITY, ST, ZIP RALEIGH NC

1. TITLE D
2. NAME John J. Burns
3. STREET ADDRESS 22801 Ventura Blvd., #300
4. CITY, ST, ZIP Woodland Hills, CA 91364

☒ Change ☐ Addition

TITLE PD
NAME HECK, MARTIN H.
STREET ADDRESS 6601 SIX FORKS RD.
CITY, ST, ZIP RALEIGH NC

1. TITLE D
2. NAME David B. Cuming
3. STREET ADDRESS 22801 Ventura Blvd.
4. CITY, ST, ZIP Woodland Hills, CA 91364

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.04(1)(b), 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 of Block 13 if changed or in an attachment with an address.

SIGNATURE:

Pamela Taylor

PAMELA TAYLOR

VP/Sec

4-28-95 225-1070