

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90036 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 857508

1. Corporation Name
ORION CAPITAL COMPANIES, INC.



Principal Place of Business	Mailing Address
9 FARM SPRINGS DRIVE FARMINGTON CT 06032	9 FARM SPRINGS DRIVE FARMINGTON CT 06032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1983

4. FEI Number

06-1073574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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
 21 9 Farm Springs Road

2a. Mailing Address
 26 9 Farm Springs Road

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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	PCEO	<input type="checkbox"/> DELETE
NAME	BECKER, W M	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY-ST-ZIP	FARMINGTON, CT 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JACOBSEN, RAYMOND W	
STREET ADDRESS	600 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSCO	<input checked="" type="checkbox"/> DELETE
NAME	SCHUYLER, RAYMOND J.	
STREET ADDRESS	600 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VINCI, PETER M.	
STREET ADDRESS	9 FARM SPRINGS DR.	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPITZER, JUDY S	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBB, JAMES W.	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY-ST-ZIP	FARMINGTON CT	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9 Farm Springs Road
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVP
2.3 STREET ADDRESS	500 PARK BOULEVARD
2.4 CITY-ST-ZIP	ITASCA, IL 60143
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John J. McCann
3.3 STREET ADDRESS	9 Farm Springs Road
3.4 CITY-ST-ZIP	Farmington, CT 06032
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9 Farm Springs Road
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	9 Farm Springs Road
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	9 Farm Springs Road
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:

James W. Webb James W. Webb

27 April 99

(860) 674-2512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)