

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90076 049 ***150.00

DOCUMENT # 857508

1. Entity Name
ORION CAPITAL COMPANIES, INC.

Principal Place of Business 9 FARM SPRINGS RD FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS RD FARMINGTON CT 06032
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2. Principal Place of Business	3. Mailing Address 9300 Arrowpoint Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. MS1313

City & State	City & State Charlotte, NC
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Zip	Country	Zip	Country
28273		28273	Mecklenburg

4. FEI Number	06-1073574	Applied For	
		Not Applicable	

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee** **FL** Zip Code **32301**

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 *Laura R. Dunlap* **Laura R. Dunlap**
 as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE **2/9/01**

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

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	MENDELSON, ROBERT V	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	STEWMAN, PAUL H	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	PCO	<input checked="" type="checkbox"/> Delete
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VINCI, PETER M.	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPITZER, JUDY S	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SEMERARO, DAVID B	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Broderick	
STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secretary** 2/23/01 704-522-2841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)