2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90261 033 ***150.00

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1. Entity Name
UNITED STATES FIRE INSURANCE COMPANY

20045863

03182005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
305 MADISON AVENUE MORRISTOWN, NJ 07962	305 MADISON AVENUE MORRISTOWN, NJ 07962

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 13-5459190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name INSURANCE COMMISSIONER
Street Address (P.O. Box Number is Not Acceptable) 200 East GAINES ST
City TALLAHASSEE FL Zip Code 32399

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP ANTONOPOULOS, NIKOLAS 12 PARKWOOD LANE BASKING RIDGE, NJ 07920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB, CEO, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BRAUNSTEIN, JOSEPH F 652 LESLIE LANE YARDLEY, PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALY, JAMES P 6 TANGLEWOOD LANE BASKING RIDGE, NJ 07920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROBERTSON, MARY JANE 1 FARRAGUT PLACE MORRISTOWN, NJ 07960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GASPARIK, VALERIE J 305 MADISON AVENUE MORRISTOWN, NJ 07962	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant VP JACK W. CHADWICK 3 COUNTRY SIDE ROCKAWAY NJ 07866	☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/4/05 (908)953-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #