# F98000006/23

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

100002680321--2 -11/04/98--01066--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Urban Insurance Company of Pennsylvania
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William	Slome,	Director,	Regulatory	Compliance
1)	Vame of Pe	rson)		
The Rob	ert Pla	n Corporat	ion	,
<b>(</b> F	irm/Compa	any)		
999 Ste	wart Av	enue		
	(Address)			•
Bethpag (City, S	e, NY 1 State and Zi			
	-			

Should you need to call someone concerning this matter, please call:

Wmlliam Slome (Name of Person) at (<u>516</u>) <u>393</u> - <u>4786</u>. Area Code & Daytime Telephone Number IN -4 PH 1:1

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Urban Insurance Com (Name of corporation: must incluabbreviations of like import in lar or partnership if not so contained	pany of Pennsy ide the word 'INCORF iguage as will clearly i I in the name at prese	PORATEE indicate t int)	a D", "COMPAN hat it is a corp	Y","CORPOF poration inst	RAΠON" or wo ead of a natur	ords or al perso	– on
2. Pennsylvania		3.	23-26926 (FEI numbe	569			٠.
(State or country under the law o	which it is incorporate	ted)	( FEI numbe	er, if applical	ole)		•
4. <u>July 27, 1992</u> (Date of Incorporation)	5.	Perpe	tual	•			
(Date of Incorporation)	(0	Duration:	Year corp. wi	Il cease to e	xist or "perpet	ual")	•
6. Not Applicable					•		
(Date first transacted business in	Florida. (See sections &	7.1501, 60	7,1502, and 817	.155, F.S.)			
7. 999 Stewart Avenue	<b>:</b>					-	5
- 1 277 177			·	<del></del>		98	<u></u>
Bethpage, NY 11714							<u>5</u> ₩
(Cur	rent mailing address)					<u>_</u> 5	?≶:
8. Property/Casualty Insurance						7	37 OF ST
(Purpose(s) of corporation aut	horized in home state	or count	ry to be carrie	ed out in the	state of Floric	a S	3 3)247
9. Name and street addre	ss of Florida regi	stered	agent:			8 t 18	AIC.
Name:	Insurance C	ommis	sioner	_			
Office Address:	Capitol	<del></del>	· .	_			
	Tallahassee	<u>.</u>		Florida,	32399-0	300	_
•					(Zip Code	}	
10. Registered agent's ac	ceptance:						
Having been named as registered agent and agree to of all statutes relative to the with and accept the obligation.	signated in this ap o act in this capac proper and comp	oplication city. I fui lete peri	on, I hereb rther agree formance o	y accept to to comply of my dutie	the appoint with the pues, and I am	ment rovisio	as ns
	Insurance C	Commiss	sioner				
	(Registered agent's s	ignature)		<del></del>	٠.	•	
11. Attached is a certificate delivery of this application to having custody of corporate re	the Department of	State. I	ov the Secr	etary of S	tate or othe	er offic	ial

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and addresses of officers and/or directors: (Street ss ONLY- P. O. Box NOT acceptable)
ORS (Street address only- P. O . Box NOT acceptable)
Robert M. Wallach
999 Stewart Avenue
Bethpage, NY 11714
M: Roy DiVittorio
999 Stewart Avenue
Bethpage, NY 11714
Lawrence S. Isaacs
999 Stewart Avenue
Bethpage, NY 11714
Philbert A. Nezamoodeen
999 Stewart Avenue
Bethpage, NY 11714
Street address only- P. O. Box NOT acceptable)
John D. Reiersen
999 Stewart Avenue
Bethpage, NY 11714
ent: Philbert A. Nezamoodeen
999 Stewart Avenue
Bethpage, NY 11714
Philbert A. Nezamoodeen
999 Stewart Avenue
Bethpage, NY 11714
Michelle A. Masotti
999 Stewart Avenue
Bethpage, NY 11714 ecessary, you may attach an addendum to the application itional officers and/or directors.
the of Chairman, Vice Chairman, or any officer listed in number
time of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
or printed name and capacity of person signing application)

### # 12. Names and addresses of Officers and/or Directors, continued.

#### A. DIRECTORS

Director:

Lisa G. Drillich

Address:

999 Stewart Avenue

Bethpage, NY 11714

Director: Address: John D. Reiersen 999 Stewart Avenue

Bethpage, NY 11714

Director: Address: Jasper J. Jackson

999 Stewart Avenue

Bethpage, NY 11714

#### B. OFFICERS

Vice President:

Address:

Jasper J. Jackson

999 Stewart Avenue

Bethpage, NY 11714

Vice President:

Address:

Michelle A. Masotti 999 Stewart Avenue

Bethpage, NY 11714

Vice President:

Address:

Robert M. Wallach

999 Stewart Avenue Bethpage, NY 11714

Vice President:

Address:

Lawrence S. Isaacs

999 Stewart Avenue Bethpage, NY 11714

Delilipage, 141

Vice President:

Address:

Roy DiVittorio

999 Stewart Avenue

Bethpage, NY 11714

Vice President:

Address:

Joseph Scaturro

1880 John F. Kennedy Boulevard, 18th Floor

Philadelphia, PA 19108

## #12. Names and addresses of Officers and/or Directors, continued.

Vice President:

Hylan T. Hubbard III 999 Stewart Avenue

Bethpage, NY 11714

Assistant Secretary:

Lisa G. Drillich

Address:

Address:

999 Stewart Avenue

Bethpage, NY 11714

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

OCTOBER 29, 1998

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

URBAN INSURANCE COMPANY OF PENNSYLVANIA

SECRETARY OF STATE DIVISION OF CORPORATIONS

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



**ACTING** 

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

and year above written.

Secretary of the Commonwealth

DPOS