


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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90138 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006123					
1. Corporation Name URBAN INSURANCE COMPANY OF PENNSYLVANIA					
Principal Place of Business 999 STEWART AVE BETHPAGE NY 11714			Mailing Address 999 STEWART AVE BETHPAGE NY 11714		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2692669	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	REIERSEN, JOHN D				
STREET ADDRESS	999 STEWART AVE				
CITY-ST-ZIP	BETHPAGE NY 11714				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	NEZAMOODEEN, PHILBERT A				
STREET ADDRESS	999 STEWART AVE				
CITY-ST-ZIP	BETHPAGE NY 11714				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	MASOTTI, MICHELLE A				
STREET ADDRESS	999 STEWART AVE				
CITY-ST-ZIP	BETHPAGE NY 11714				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WALLACH, ROBERT M				
STREET ADDRESS	999 STEWART AVE				
CITY-ST-ZIP	BETHPAGE NY 11714				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DIVITTORIO, ROY				
STREET ADDRESS	999 STEWART AVE				
CITY-ST-ZIP	BETHPAGE NY 11714				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ISAACS, LAWRENCE S				
STREET ADDRESS	999 STEWART AVE				
CITY-ST-ZIP	BETHPAGE NY 11714				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(516) 393-4006

Daytime Phone #

CR2E034 (11/98)

F98000006123  
401257-90138-18

**URBAN INSURANCE COMPANY OF PENNSYLVANIA**

**1999 PROFIT CORPORATION ANNUAL REPORT**

**LIST OF ADDITIONAL OFFICERS AND DIRECTORS**

Jasper John Jackson  
999 Stewart Avenue  
Bethpage, NY 11714

Vice President and Director

Hylan Thomas Hubbard, III  
999 Stewart Avenue  
Bethpage, NY 11714

Vice President and Director

Lisa Grapek Drillich  
999 Stewart Avenue  
Bethpage, NY 11714

Assistant Secretary and Director