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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800006123

URBAN INSURANCE COMPANY OF PENNSYLVANIA

Principal Place of Business	Mailing Address			
999 STEWART AVE	999 STEWART AVE			
BETHPAGE NY 11714	BETHPAGE NY 11714			

Apr 23, 1999 8:00 am Secretary of State

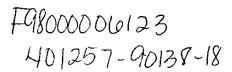
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BETHPAGE NY		BETHPAGE NY 11714					
						IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					11/04/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		_	23-2692669	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	~ .	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curren	it year Intangible	
24	25	29	0		Personal Property Tax.		
*1	9. Name and Address of Current		<u>-</u>		10. Name and Address of New Re	gistered Agent	
			81	Name			
INSU	IRANCE COMMISSIONER		<u> </u>			I-3	
CAPI	TOL		82	Street /	Address (P.O. Box Number is Not Acceptable	ie)	
TALL	AHASSEE FL 32399-0300		83	 			
			_			0F 73a	Codo
			84	""		FL	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-named	corporation submits this statement for the pu	urpose of changing it	s registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	norized by	the corpo	corporation submits this statement for the proporation's board of directors. I hereby accept	the appointment as re	egistered
agent. i a	m familiar with, and accept the obligati	ons or, section 607.0505, Florid	a Glatutes	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (MOTE: D.	neith herefine	vi sinnatura 7	equired when reinstating)	DATE	
12.	OFFICERS AND		13.	it digitation is	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Т	1.00111.0101.0111.0201.0.011	☐ Change	Addition
	, · -	_ DECE.12	1.2 NAME			2, 0	_
NAME	REIERSEN, JOHN D			F ADDDECC			
STREET ADDRESS	999 STEWART AVE		I .	ADDRESS			
CITY-ST-ZIP	BETHPAGE NY 11714	□ DELETE	1.4 CITY-5	T-ZIP	V/S/T/D	K] Change	☐ Addition
TITLE	VSD	["] DELETE	2 1 TITLE	İ	V/5/1/D	Ej onange	
NAME	NEZAMOODEEN, PHILBERT A		2.2 NAME	Ì			ľ
STREET ADDRESS	999 STEWART AVE		2.3 STREE	TADDRESS			j
CITY-ST-ZIP	BETHPAGE NY 11714		2.4 CITY-9	T-ZIP			
TITLE	T	∑ DELETE	3.1 TITLE			Change	☐ Addition
NAME	MASOTTI, MICHELLE A		3.2 NAME	j			
STREET ADDRESS	999 STEWART AVE		3.3 STREE	T ADDRESS)
CITY-ST-ZIP	BETHPAGE NY 11714		3.4. CITY-5	ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		V/D	Change	Addition
NAME	WALLACH, ROBERT M		4. 2 NAME		1 1/2	12	
STREET ADDRESS	999 STEWART AVE			F ADDRESS			ļ
	BETHPAGE NY 11714		4.4 CITY- S				
CITY-ST-ZIP TITLE	DEMINAGE NI 11/14	[] DELETE	5.1 TITLE		V/D		Addition
		الما ما م	5.2 NAME	Ì	, -		_
NAME	DIVITTORIO, ROY			TADORESS			J
STREET ADDRESS	999 STEWART AVE		5.4 CITY-S				ļ
CITY-ST-ZIP	BETHPAGE NY 11714	C) DCI Can	6.1 TITLE		: / D		Addition
TITLE	D	☐ DELETE	1		V/D	X) Change	L Addition
NAME	ISAACS, LAWRENCE S		6.2 NAME	Ì			ľ
STREET ADDRESS	999 STEWART AVE		6.3 STREE	ADDRESS			
מוד בפ עדום	RETHRAGE NV 11714		64 CITY-S	T-ZIP	1		

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 suppliemental 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 AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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