

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90203 020 ***150.00

DOCUMENT # F98000006123

1. Entity Name
URBAN INSURANCE COMPANY OF PENNSYLVANIA

Principal Place of Business 999 STEWART AVE BETHPAGE NY 11714	Mailing Address 999 STEWART AVE BETHPAGE NY 11714
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2692669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIERSEN, JOHN D 999 STEWART AVE BETHPAGE NY 11714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NEZAMOODEEN, PHILBERT A 999 STEWART AVE BETHPAGE NY 11714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, JASPER J 999 STEWART AVE. BETHPAGE NY 11714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACH, ROBERT M 999 STEWART AVE BETHPAGE NY 11714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIVITTORIO, ROY 999 STEWART AVE BETHPAGE NY 11714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISAACS, LAWRENCE S 999 STEWART AVE BETHPAGE NY 11714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			Hylan T. Hubbard, III 999 Stewart Avenue Bethpage, NY 11714
			Kenneth J. Karasinski 999 Stewart Avenue Bethpage, NY 11714

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: John D. Reiersen Date: 2/29/01 (516) 393-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John D. Reiersen Daytime Phone #

CR2E034 (10/00)

633580
attachment
D# F980000006123

URBAN INSURANCE COMPANY OF PENNSYLVANIA

2001 UNIFORM BUSINESS REPORT

LIST OF ADDITIONAL OFFICERS AND DIRECTORS

William Wallach
3730 Inverrary Drive
Lauderhill, FL 33319

Director

Lisa Grapek Drillich
999 Stewart Avenue
Bethpage, NY 11714

Director

Marie J. Grossman
10 Eckert Road
Mt. Holly, NJ 08060

Director