

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90298 044 \*\*\*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**

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

**23-2692669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	REIERSEN, JOHN D	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	NEZAMOODEEN, PHILBERT A	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JACKSON, JASPER J	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALLACH, ROBERT M	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, HYLAN T III	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARASINSKI, KENNETH J	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	416 Oakwood Road	
CITY-ST-ZIP	Port Jefferson, NY 11777	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	38 Roosevelt Avenue	
CITY-ST-ZIP	East Rockaway, NY 11518	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	99 Harrison Avenue	
CITY-ST-ZIP	Montclair, NJ 07042	
TITLE	C/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	219 Feeks Lane	
CITY-ST-ZIP	Mill Neck, NY 11765	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert G. Palm	
STREET ADDRESS	55 Montauk Street	
CITY-ST-ZIP	Fairfield, CT 06432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8606 Greig Street	
CITY-ST-ZIP	Sodus Point, NY 14555	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Philbert A. Nezamodeen**

3-28-02

Date

(516)  
 393-4010

Daytime Phone #

CR2E034 (9/01)

AH. Doc #  
F98000006123  
770606

URBAN INSURANCE COMPANY OF PENNSYLVANIA

2002 UNIFORM BUSINESS REPORT

LIST OF ADDITIONAL OFFICERS AND DIRECTORS

William Wallach  
3730 Inverrary Drive  
Lauderhill, FL 33319

Director

Lisa Grapek Drillich  
1591 Hereford Road  
Hewlett, NY 11557

Assistant Secretary & Director

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

Director

Paul M. Alliegro  
192 Bayview Avenue  
Bayport, NY 11705

Vice President