



**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91071 026 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80058275

<b>DOCUMENT # F98000006123</b>					
1. Entity Name <b>URBAN INSURANCE COMPANY OF PENNSYLVANIA</b>					
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 <b>23-2692669</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE, FL 32399-0300</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW WITH FEES IS \$150.00 ANY MAY 1, 2003 FEE WILL BE \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIERSEN, JOHN D		NAME		
STREET ADDRESS	416 OAKWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	PORT JEFFERSON, NY 11777		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PIT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEZAMOODEEN, PHILBERT A		NAME		
STREET ADDRESS	38 ROOSEVELT AVE		STREET ADDRESS		
CITY-ST-ZIP	EAST ROCKAWAY, NY 11618		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JASPER J		NAME		
STREET ADDRESS	99 HARRISON AVE		STREET ADDRESS		
CITY-ST-ZIP	MONTCLAIR, NJ 07042		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, ROBERT M		NAME		
STREET ADDRESS	219 FEEKS LANE		STREET ADDRESS		
CITY-ST-ZIP	MILL NECK, NY 11765		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALM, ROBERT G		NAME		
STREET ADDRESS	65 MONTAUK STREET		STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD, CT 06432		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARASINSKI, KENNETH J		NAME		
STREET ADDRESS	8605 GREIG STREET		STREET ADDRESS		
CITY-ST-ZIP	SODUS POINT, NY 14856		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 3-10-03 (516) 393-4010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PHILBERT A. NEZAMOODEEN PRESIDENT</b>			Daytime Phone #		

CFR034 (10/02)

Attachment

80658275

**URBAN INSURANCE COMPANY OF PENNSYLVANIA**

**2003 UNIFORM BUSINESS REPORT**

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**LIST OF ADDITIONAL OFFICERS AND DIRECTORS**

Paul M. Alliegro, Vice President  
192 Bayview Avenue  
Bayport, NY 11705

Marie J. Barbieri (Grossman), Director  
10 Eckert Road  
Mount Holly, NJ 08060

Lisa A. Drillich, Assistant Secretary & Director  
1591 Hereford Road  
Hewlett, NY 11557

William Wallach, Director  
3730 Inverrary Drive  
Lauderhill, FL 33319