

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001915

1. Entity Name

HEALTHCARE UNDERWRITERS MUTUAL INSURANCE COMPANY

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90082 045 \*\*\*150.00

Principal Place of Business

Mailing Address

8 BRITISH AMERICAN BLVD  
LATHAM NY 12110

8 BRITISH AMERICAN BLVD  
LATHAM NY 12110-1415

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

14-1584861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CASSIDY, GERALD J  
STREET ADDRESS 8 BRITISH AMERICAN BLVD  
CITY-ST-ZIP LATHAM NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PETERSON, RICHARD W  
STREET ADDRESS 100 HIGH STREET  
CITY-ST-ZIP BUFFALO NY

TITLE D ☒ Change ☐ Addition  
NAME 22 Bramhall Street  
STREET ADDRESS Portland, ME 04102  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ROBERTS, KENNETH D  
STREET ADDRESS NORTH COUNTRY ROAD  
CITY-ST-ZIP PORT JEFFERSON NY

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME SCHLUETER, ROGER L  
STREET ADDRESS 8 BRITISH AMERICAN BLVD  
CITY-ST-ZIP LATHAM NY

TITLE ST ☐ Change ☒ Addition  
NAME Daniel F. Canniff  
STREET ADDRESS 8 British American Boulevard  
CITY-ST-ZIP Latham, NY 12110

TITLE D ☐ Delete  
NAME DIESEL, ROBERT W  
STREET ADDRESS 19 BRITISH AMERICAN BLVD  
CITY-ST-ZIP LATHAM NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME DVORAK, ROGER G  
STREET ADDRESS 55 PALMER ROAD  
CITY-ST-ZIP BRONXVILLE NY

TITLE VD ☐ Change ☒ Addition  
NAME J. Edward Potocar  
STREET ADDRESS 8 British American Boulevard  
CITY-ST-ZIP Latham, NY 12110

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

2/25/00

Date

800-635-0666

Daytime Phone #

CR2E034 (9/99)