

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 014 ***150.00

DOCUMENT # **K31776**

Corporation Name
**FLORIDA PETROLEUM LIABILITY INSURANCE PROGRAM AD
MINISTRATORS, INC.**

Principal Place of Business Mailing Address
CARR RD **70 PINE ST**
WILMINGTON DE 19850 **ATTN: EM TUCK**
NEW YORK NY 10270



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1988		4. FEI Number 59-2919248		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, GREGORY P	1.2 NAME	
STREET ADDRESS	501 CARR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19850	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, KENNETH B	2.2 NAME	
STREET ADDRESS	70 PINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELL, MICHAEL J	3.2 NAME	
STREET ADDRESS	70 PINE ST	3.3 STREET ADDRESS	175 Water Street
CITY-ST-ZIP	NEW YORK NY 10270	3.4 CITY-ST-ZIP	New York, NY 10270
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M	4.2 NAME	
STREET ADDRESS	70 PINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, KEN C/O A.I.G.	5.2 NAME	
STREET ADDRESS	70 PINE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplemental 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:

Elizabeth M. Tuck
SIGNATURE REQUIRED

4/29/99

212-770-7000

CR2E034 (11/98)