FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05111** **(0)**

1. Corporation Name
THE UNITY FIRE AND GENERAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
2 WORLD TRADE CTR/SUITE 2946 NEW YORK NY 10048-0178	2 WORLD TRADE CTR/SUITE 2946 NEW YORK NY 10048-0178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **13-5460208** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BROOKS, RENE D.	12 NAME	
STREET ADDRESS	2 WORLD TRADE CTR #2946	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	SVS	21 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, JOHN T. JR.	22 NAME	
STREET ADDRESS	110 WILLIAM ST, 18 FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	SVPC	31 TITLE	☐ Change ☐ Addition
NAME	CROPSEY, JEFFREY	32 NAME	
STREET ADDRESS	110 WILLIAM STREET	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☑ Change ☐ Addition
NAME	WALSH, MICHAEL	42 NAME	TREASURER LINDA JAYNE GRANT
STREET ADDRESS	110 WILLIAM ST, 18 FLOOR	43 STREET ADDRESS	110 William St. 18th Floor
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	New York, N.Y. 10038
TITLE	SV	51 TITLE	☐ Change ☐ Addition
NAME	CAPIZZI, JOHN	52 NAME	
STREET ADDRESS	2 WORLD TRADE CTR #2946	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	VERNE, MAXINE H.	62 NAME	
STREET ADDRESS	110 WILLIAM ST. 18 FLOOR	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Linda Jayne Grant LINDA JAYNE GRANT 4-24-95 212-978-8337
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

000182 CP