

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P16274 (3)**

1. Corporation Name
U. S. CAPITAL INSURANCE COMPANY



Principal Place of Business: **4 WEST RED OAK LANE WHITE PLAINS NY 10604**
Mailing Address: **4 WEST RED OAK LANE WHITE PLAINS NY 10604**

3. Date Incorporated or Qualified: **10/07/1987**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **13-3404632**
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

2. Principal Place of Business: **21 Two Manhattanville Rd.**
26. Mailing Address: **26 Two Manhattanville Rd.**
22. City & State: **23 Purchase, NY**
27. City & State: **28 Purchase, NY**
24. Zip: **25 10577-2118**
29. Zip: **30 10577-2118**
County: **Westchester**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): **400001815684**
83. City, State, Zip: **-05/09/96--01079--048**
84. City: *****200, ND** 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|-------------------------|
| TITLE | CPD | 1.1 TITLE | CPD |
| NAME | GOETZ, LIONEL J | 1.2 NAME | GOETZ, LIONEL J |
| STREET ADDRESS | 7 CAMBRIDGE DRIVE | 1.3 STREET ADDRESS | Two Manhattanville Rd |
| CITY-ST-ZIP | TRUMBULL CT | 1.4 CITY-ST-ZIP | Purchase, NY 10577-2118 |
| TITLE | VTDC | 2.1 TITLE | EVTDC |
| NAME | LAMBENSKI, RONALD H | 2.2 NAME | LABENSKI, RONALD H |
| STREET ADDRESS | 4 WEST RED OAK LANE | 2.3 STREET ADDRESS | Two Manhattanville Rd |
| CITY-ST-ZIP | WHITE PLAINS NY | 2.4 CITY-ST-ZIP | Purchase, NY 10577-2118 |
| TITLE | VSD | 3.1 TITLE | VSD |
| NAME | BERTERO, EDWARD P | 3.2 NAME | BERTERO, EDWARD P |
| STREET ADDRESS | 4 WEST RED OAK LANE | 3.3 STREET ADDRESS | Two Manhattanville Rd |
| CITY-ST-ZIP | WHITE PLAINS NY | 3.4 CITY-ST-ZIP | Purchase, NY 10577-2118 |
| TITLE | VD | 4.1 TITLE | VD |
| NAME | OLIVER, RAFAEL | 4.2 NAME | OLIVER, RAFAEL |
| STREET ADDRESS | 4 WEST RED OAK LANE | 4.3 STREET ADDRESS | Two Manhattanville Rd |
| CITY-ST-ZIP | WHITE PLAINS NY | 4.4 CITY-ST-ZIP | Purchase NY 10577-2118 |
| TITLE | | 5.1 TITLE | EVP |
| NAME | | 5.2 NAME | Twigden, C.K. Simon |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Two Manhattanville Rd |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Purchase NY 10577-2118 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ronald H. Labenski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald H. LABENSKI

4/30/96 (914) 694-4757

CR2E034 (12/95)