

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90119 046 ***150.00

DOCUMENT # P27370

1. Corporation Name

CRUM & FORSTER INDEMNITY COMPANY

Principal Place of Business

110 WILLIAM ST.
NEW YORK NY 10038

Mailing Address

CRUM & FORSTER INS
TAX DEPT.. 305 MADISON AVE
MORRISTOWN NJ 07960-943
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1989

4. FEI Number

22-2868548

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32399-0300

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

TITLE PCEO ☒ DELETE
NAME STARK, JAMES A.
STREET ADDRESS 119 DYCKMAN PLACE
CITY-ST-ZIP BASKING RIDGE NJ 07920

TITLE VPT ☐ DELETE
NAME LUTENSKI, RICHARD P.
STREET ADDRESS 2 COLBY FARMS RD
CITY-ST-ZIP CHESTER NJ 07930

TITLE VPCD ☐ DELETE
NAME HAMMER, DENNIS J.
STREET ADDRESS 48 VAIL TERRACE
CITY-ST-ZIP SOMERVILLE NJ 07946

TITLE V ☐ DELETE
NAME CHADWICK, JACK W
STREET ADDRESS 3 COUNTRYSIDE DR
CITY-ST-ZIP ROCKWAY NJ

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, CEO, Director ☒ Change ☐ Addition
1.2 NAME Patricia A. Drago
1.3 STREET ADDRESS 38 Frances Drive
1.4 CITY-ST-ZIP Clark, NJ 07066

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99 (913)490-6600

CR2E034 (11/98)

0564401