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May 07, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29101

1. Corporation Name
ORION SPECIALTY GROUP, INC.

Principal Place of Business

9 FARM SPRINGS DR.
FARMINGTON CT 06032

Mailing Address

9 FARM SPRINGS DR.
FARMINGTON CT 06032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1990

4. FEI Number

06-1287147

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 9 Farm Springs Road

2a. Mailing Address

26 9 Farm Springs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 DCEO ☐ DELETE
NAME BECKER, W M
STREET ADDRESS P FARM SPRINGS ROAD
CITY-ST-ZIP FARMINGTON CT 06032

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9 FARM SPRINGS ROAD
1.4 CITY-ST-ZIP

TITLE DSVP ☒ DELETE
NAME MALONEY, MICHAEL P
STREET ADDRESS 600 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

2.1 TITLE D/EVP/AS ☐ Change ☒ Addition
2.2 NAME JOHN J. MCCANN
2.3 STREET ADDRESS 9 FARM SPRINGS ROAD
2.4 CITY-ST-ZIP FARMINGTON, CT 06032

TITLE SVP ☒ DELETE
NAME PAPA, VINCENT T.
STREET ADDRESS 600 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

3.1 TITLE D/SVP ☐ Change ☒ Addition
3.2 NAME MICHAEL L. PAUTLER
3.3 STREET ADDRESS 9 FARM SPRINGS ROAD
3.4 CITY-ST-ZIP FARMINGTON, CT 06032

TITLE VGCS ☐ DELETE
NAME SPITZER, JUDY S
STREET ADDRESS 9 FARM SPRINGS DR.
CITY-ST-ZIP FARMINGTON CT 06032

4.1 TITLE CORPORATE SECRETARY ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 9 FARM SPRINGS ROAD
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME MULREADY, STEPHEN M
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON CT

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 9 FARM SPRINGS ROAD
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME WEBB, JAMES W
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 9 FARM SPRINGS ROAD
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:

James W. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Webb

27 April 99
Date

(860) 674-2512
Daytime Phone #

CR2E034 (11/98)