

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90010 019 ***150.00

DOCUMENT # 816456

1. Entity Name
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CARO

Principal Place of Business PO BOX 10800 RALEIGH NC 27605	Mailing Address PO BOX 10800 RALEIGH NC 27605-0800
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **84-0513811** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	BLINSON, MICHAEL D.			NAME			
STREET ADDRESS	702 OBERLIN ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27605			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	KELLOGG, PETER R			NAME			
STREET ADDRESS	702 OBERLIN RD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27605			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	KING, GEORGE E.			NAME			
STREET ADDRESS	702 OBERLIN ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27605			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	KERBS, EDWARD A			NAME			
STREET ADDRESS	702 OBERLIN RD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27605			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	STEPHANO, STEPHEN L			NAME			
STREET ADDRESS	702 OBERLIN RD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC 27605			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	HAMM, KEVIN J.			NAME			
STREET ADDRESS	702 OBERLIN ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC. 27605			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Blinson **REQUIRED** Michael D. Blinson 1/11/00 919-833-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #