

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90002 008 \*\*\*150.00

0590530 AT

**DOCUMENT # 816456**  
 1. Entity Name  
**OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA**

Principal Place of Business Mailing Address  
**PO BOX 10800 PO BOX 10800**  
**RALEIGH NC 27605 RALEIGH NC 27605**

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**



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 - Michael D. Blinson 1/9/02 (919) 833-1600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)