

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 811679 (0)

1. Corporation Name
CHRISTIANA GENERAL INSURANCE CORPORATION OF NEW YORK



Principal Place of Business: **120 WHITE PLAINS ROAD TARRYTOWN NEW YORK 10591**
Mailing Address: **120 WHITE PLAINS ROAD TARRYTOWN NEW YORK 10591**

3. Date Incorporated or Qualified: **03/04/1957**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-1701424**
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32304**
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	LADERACH, PAUL A 339 DEER TRACK LANE VALLEY COTTAGE NY	1. TITLE: V	Bradley D. Wiley 35 Olive Lane Ringwood, NJ 07456
NAME:		12. NAME:	
STREET ADDRESS:		13. STREET ADDRESS:	
CITY-ST-ZIP:		14. CITY-ST-ZIP:	
TITLE: P	BRIGGS, LLOYD C. 435 CRESTWOOD RD. FAIRFIELD CT	2. TITLE:	
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY-ST-ZIP:		24. CITY-ST-ZIP:	
TITLE: V	PEDROSO, MARIA 1400 POST ROAD EAST, #135 WESTPORT CT	3. TITLE:	
NAME:		32. NAME:	
STREET ADDRESS:		33. STREET ADDRESS:	
CITY-ST-ZIP:		34. CITY-ST-ZIP:	
TITLE: SV	EMEIGH, DONALD A., JR. 6 CAPTAIN MCGOVERN DRIVE STONY POINT NY	4. TITLE:	
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE: V	COLE, ROBERT P 95 FOUR WINDS DRIVE MIDDLETOWN NJ	5. TITLE:	
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE: VT	DOON, ROGER 36 N WISCONSIN AVE N MASSAPEQUA NY	6. TITLE:	
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-ST-ZIP:		64. CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing 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: *Maria C. Pedroso* **Maria C. Pedroso** 4/9/96 914-333-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)