

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 811679 (0)**

1. Corporation Name  
**CHRISTIANA GENERAL INSURANCE CORPORATION OF NEW YORK**



Principal Place of Business <b>120 WHITE PLAINS ROAD TARRYTOWN NEW YORK 10591</b>	Mailing Address <b>120 WHITE PLAINS ROAD TARRYTOWN NEW YORK 10591-5522</b>
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3. Date Incorporated or Qualified <b>03/04/1957</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business <b>21 1 Liberty Plaza</b> Suite, Apt. #, etc. <b>22 Floor 19</b> City & State <b>23 New York</b> Zip <b>24 10006</b>	2a. Mailing Address <b>25 1 Liberty Plaza</b> Suite, Apt. #, etc. <b>26 Floor 19</b> City & State <b>27 New York</b> Zip <b>28 10006</b> Country <b>29 USA</b>
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4. FEI Number <b>13-1701424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRADLEY, D. WILEY</b>	
STREET ADDRESS	<b>35 OLIVE LANE</b>	
CITY-ST-ZIP	<b>RINGWOOD NJ</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRIGGS, LLOYD C.</b>	
STREET ADDRESS	<b>435 CRESTWOOD RD.</b>	
CITY-ST-ZIP	<b>FAIRFIELD CT</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEDROSO, MARIA</b>	
STREET ADDRESS	<b>1400 POST ROAD EAST, #135</b>	
CITY-ST-ZIP	<b>WESTPORT CT</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>EMEIGH, DONALD A., JR.</b>	
STREET ADDRESS	<b>6 CAPTAIN MCGOVERN DRIVE</b>	
CITY-ST-ZIP	<b>STONY POINT NY</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLE, ROBERT P</b>	
STREET ADDRESS	<b>95 FOUR WINDS DRIVE</b>	
CITY-ST-ZIP	<b>MIDDLETOWN NJ</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOON, ROGER</b>	
STREET ADDRESS	<b>36 N WISCONSIN AVE</b>	
CITY-ST-ZIP	<b>N MASSAPEQUA NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Steven E. Fass</b>	
13 STREET ADDRESS	<b>1 Liberty Plaza, 19th Floor</b>	
14 CITY-ST-ZIP	<b>New York, NY 10006</b>	
21 TITLE	<b>EVP/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Michael E. Tyburski</b>	
23 STREET ADDRESS	<b>1 Liberty Plaza, 19th Floor</b>	
24 CITY-ST-ZIP	<b>New York, NY 10006</b>	
31 TITLE	<b>SVP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Robert F. McGoldrick</b>	
33 STREET ADDRESS	<b>1 Liberty Plaza, 19th Floor</b>	
34 CITY-ST-ZIP	<b>New York, NY 10006</b>	
41 TITLE	<b>SVP/</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Donald A. Emeigh, Jr.</b>	
43 STREET ADDRESS	<b>1 Liberty Plaza, 19th Floor</b>	
44 CITY-ST-ZIP	<b>New York, NY 10006</b>	
51 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Sheila A. Rauchenberger</b>	
53 STREET ADDRESS	<b>1 Liberty Plaza, 19th Floor</b>	
54 CITY-ST-ZIP	<b>New York, NY 10006</b>	
61 TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Anders Henriksson</b>	
63 STREET ADDRESS	<b>Buhusgaten 14</b>	
64 CITY-ST-ZIP	<b>Stockholm, Sweden</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

CR2E034 (9/96)