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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800000444 Corporation Name

TOWER INSURANCE COMPANY OF NEW YORK

Principal Place of Business

Mailing Address

120 BROADWAY, 14TH FL NFW

2. P

120 BROADWAY, 14TH FL

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90180 012 ***150.00



YORK NY 10271		NEW YORK NY 10271						DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifed					
								01/26/1998					
rincipal Place of Business		2a	Mailing Address				4	FEI Number			Applied	For	
		26						13-3548249			Not Ap	plicable	
uite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			•	\$8.75 Additional Fee Required		
ity & State		City & State					6. Election Campaign Financing Trust Fund Contribution		-	\$5.00 May Be Added to Fees			
ip	Country 25	29	Zip Cour 30				Intangible	ngible □ Yes □ No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent								
INSURANEC COMMISSIONER					1	Name							
CAPITOL				8	82 Street Address (P.O. Box Number is Not Acceptable)								
TALLAHASSEE FL 32399-0300					3								

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE TITLE PCD 1.1 TITLE LEE. MICHAEL H 1.2 NAME NAME 330 EAST 75TH STREET #34A 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY- \$1-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE LEE. HELEN H 2.2 NAME NAME 330 EAST 75TH STREET #34A 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2.4 CITY-ST-ZIP T DELETE ☐ Change Addition 3.1 TITLE TITLE FAUTH, STEVEN G 3.2 NAME NAME 235 EAST 22ND STREET SPT 16T STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME NIGRO, STEVEN H 4. 2 NAME 15 MYRTLE BLVD 4.3 STREET ADDRESS STREET ADDRESS LARCHMONT NY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE PETRO, ALEXANDER H 5.2 NAME NAME 95 BLVD MALESHERBES 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP PARIS FRANCE CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME CAPOBIANCO, EDWARD 6.3 STREET ADDRESS **50 CONCORD AVE** STREET ADDRESS WICKFORD RI 6.4 CITY-ST-ZIP 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:

OFFICER OR DIRECTOR

CR2E034 (11/98

Zin Code