

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90283 035 \*\*\*150.00

0696948

**DOCUMENT # F98000000444**

1. Entity Name  
**TOWER INSURANCE COMPANY OF NEW YORK**

Principal Place of Business 120 BROADWAY, 14TH FL NEW YORK NY 10271	Mailing Address 120 BROADWAY, 14TH FL NEW YORK NY 10271
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>13-3548249</b>	Applied For
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>INSURANEC COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LEE, MICHAEL H 330 EAST 75TH STREET #34A NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, HELEN H 330 EAST 75TH STREET #34A NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAUTH, STEVEN G 235 EAST 22ND STREET SPT 16T NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRO, ALEXANDER H 95 BLVD MALESHERBES PARIS FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mikhail H  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 (212)  
 Date Day/Time Phone #

CR2E034 (10/00)

# Attachment

The following is a list of officers and directors of Tower Insurance Company of New York:

Michael H. Lee – President  
Helen H. Lee – Treasurer  
Steven G. Fauth – Secretary

Directors:

George J. Daddario, Jr.  
Darryl L. Keene  
Alexander H. Petro  
Steven W. Schuster  
James J. Dulligan  
Carl P. Lee  
Richard M. Rafter  
Chung H. Lee  
Terrance H. Lee  
Andrew P. Saulitis

823966  
# F98000000444



TOWER  
INSURANCE COMPANY  
OF NEW YORK

Attachment

823966

# F98 006000444

April 13, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Tower Insurance Company of New York  
Document # F98000000444  
FEI Number 13-3548249

To Whom It May Concern:

Attached is a copy of our application along with a check for \$150. In addition I have enclosed a revised list of our Officers and Directors of Tower Insurance Company of New York for your reference.

If you have any additional questions please feel free to contact me at (212) 655-2018.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael LeSchack".

Michael LeSchack  
Regulatory Compliance Manager