

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000000444

**FILED**  
**Jul 18, 2005**  
**Secretary of State**

**Entity Name:** TOWER INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

120 BROADWAY, 14TH FL  
NEW YORK, NY 10271

**New Principal Place of Business:**

**Current Mailing Address:**

120 BROADWAY, 14TH FL  
NEW YORK, NY 10271

**New Mailing Address:**

**FEI Number:** 13-3548249      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: TOM GALLAGHER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: LEE, MICHAEL H  
Address: 330 EAST 75TH STREET #34A  
City-St-Zip: NEW YORK, NY

Title: V ( ) Delete  
Name: LEE, HELEN H  
Address: 330 EAST 75TH STREET #34A  
City-St-Zip: NEW YORK, NY

Title: SD ( ) Delete  
Name: FAUTH, STEVEN G  
Address: 235 EAST 22ND STREET SPT 16T  
City-St-Zip: NEW YORK, NY

Title: D (X) Delete  
Name: PETRO, ALEXANDER H  
Address: 95 BLVD MALESHERBES  
City-St-Zip: PARIS FRANCE,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD (X) Change ( ) Addition  
Name: LEE, MICHAEL H  
Address: 120 BROADWAY, 14TH FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: TVD (X) Change ( ) Addition  
Name: COLALUCCI, FRANCIS M  
Address: 120 BROADWAY, 14TH FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: SVD (X) Change ( ) Addition  
Name: FAUTH, STEVEN G  
Address: 120 BROADWAY, 14TH FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. LEE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PCD

07/18/2005

\_\_\_\_\_  
Date