


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90110 029 ***150.00

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 - No P.O. Box #
120 BROADWAY, 31ST FLOOR

3. Mailing Address
120 BROADWAY, 31ST FLOOR

Suite, Apt. #, etc.

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10271

Country
USA



01112007 Chg-P CR2E034 (12/06)

4. FEI Number
13-3548249

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LEE, MICHAEL H 120 BROADWAY, 14TH FLOOR NEW YORK, NY 10271 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 BROADWAY, 31ST FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD COLALUCCI, FRANCIS M 120 BROADWAY, 14TH FLOOR NEW YORK, NY 10271 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 BROADWAY, 31ST FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FAUTH, STEVEN G 120 BROADWAY, 14TH FLOOR NEW YORK, NY 10271 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 BROADWAY, 31ST FLOOR
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael H Lee* **1/11/07** **(212) 655-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #