

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002274

Entity Name: GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK**Current Principal Place of Business:**68 SOUTH SERIVCE RD.
SUITE 450
MELVILLE, NY 11747**Current Mailing Address:**150 NORTHWEST POINT BLVD., 3RD FLOOR
ELK GROVE VILLAGE, IL 60007 US**FEI Number:** 22-3733783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CEO
Name WOLLNEY, SCOTT
Address 150 NORTHWEST POINT BLVD., 3RD FLOOR
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR, CFO, VICE PRESIDENT FINANCE, ASST. TREASURER
Name ROMANO, PAUL
Address 150 NORTHWEST POINT BLVD., 3RD FLOOR
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR, VICE PRESIDENT PRODUCT DEVELOPMENT & UNDERWRITING
Name GILES, BRUCE
Address 150 NORTHWEST POINT BLVD., 3RD FLOOR
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR
Name GOLDENBAUM, DOUGLAS
Address 68 SOUTH SERIVCE RD. SUITE 450
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR, SECRETARY, VICE PRESIDENT OPERATIONS & IT
Name DIMAGGIO, LESLIE
Address 150 NORTHWEST POINT BLVD., 3RD FLOOR
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR
Name LOVE, ZENOVIA
Address 150 NORTHWEST POINT BLVD., 3RD FLOOR
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR, VICE PRESIDENT CLAIMS
Name SHUGRUE, JOSEPH
Address 150 NORTHWEST POINT BLVD., 3RD FLOOR
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR
Name DOWD, RICHARD
Address 68 SOUTH SERIVCE RD. SUITE 450
City-State-Zip: MELVILLE NY 11747

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I hereby 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 all other like empowered.

SIGNATURE: LESLIE DIMAGGIO**SECRETARY****03/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ELHELBAWAI, HOSSNI
Address	68 SOUTH SERIVCE RD. SUITE 450
City-State-Zip:	MELVILLE NY 11747