

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **800526** (6)

1. Corporation Name

NORTHERN INSURANCE COMPANY OF NEW YORK



Principal Place of Business

Mailing Address

**1 BATTERY PARK PLZ
NEW YORK NY 10004
US**

**PO BOX 1228
BALTIMORE MD 21203
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

07/11/1913

3a. Date of Last Report

01/24/1995

4. FEI Number

13-5283360

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature of the person making the change (if applicable)

(NOTE: Registered Agent signature required after reinstatement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SV	<input type="checkbox"/> DELETE
NAME	FELLOWS, GEORGE W.	
STREET ADDRESS	3910 KESWICK ROAD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCNEELY, MICHAEL D	
STREET ADDRESS	3910 KESWICK RD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLINDER, WILLIAM HOWARD	
STREET ADDRESS	800 N. PLAZA DRIVE	
CITY-ST-ZIP	SCHAUMBURG IL 60196	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILWAY, BARRY J	
STREET ADDRESS	3910 KESWICK RD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GILWAY, BARRY J	
STREET ADDRESS	3910 KESWICK RD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDDY, JEANNE H	
STREET ADDRESS	3910 KESWICK RD	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1400 American Lane
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or as an attachment with an address.

SIGNATURE:

George W. Fellows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Fellows

3/4/96

Date

410-338-9176

Telephone Number

CR2E034 (12/95)