

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90014 003 \*\*\*150.00

**DOCUMENT # 800526**

1. Entity Name

**NORTHERN INSURANCE COMPANY OF NEW YORK**

Principal Place of Business

**165 BROADWAY  
ONE LIBERTY PLAZA  
NEW YORK NY 10006  
US**

Mailing Address

**% MINTON/CORPORATE LAW  
1400 AMERICAN LANE  
SCHAUMBURG IL 60196  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-5283360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JORDANOUR, CONSTANTINE P</b>	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWERS, DAVID A</b>	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUESS, THOMAS</b>	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLE, JOHN D</b>	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, WAYNE H</b>	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHMAN, ROBERT M</b>	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>See attached list for additions</i>	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-31-02 847.762.7495*

CR2E034 (9/01)

Attachment  
Doc# 800526  
823545

**NORTHERN INSURANCE COMPANY OF NEW YORK**

**DIRECTORS**

John J. Amore, Chairman  
Thomas Buess  
Thomas B. Bosley  
David A. Bowers  
John D. Cole  
Wayne H. Fisher  
Robert M. Fishman  
Thomas H. Hite  
Donald J. Hurzeler  
Juliet G. Nash  
John A. Kelm  
Frank A. Patalano  
James W. March

**OFFICERS**

John J. Amore	Chairman and Chief Executive Officer
President	Wayne H. Fisher
Thomas B. Bosley	Executive Vice President
J. Peter Connors	Executive Vice President
David A. Bower	Executive Vice President & Corporate Secretary
Thomas Buess	Executive Vice President & Treasurer
Robert M. Fishman	Executive Vice President
John A. Kelm	Executive Vice President
Michael D. Markman	Executive Vice President
Raymond C. Thomas	Executive Vice President
Frank A. Patalano	Executive Vice President
John D. Cole	Executive Vice President
Thomas H. Hite	Executive Vice President
Donald J. Hurzeler	Executive Vice President
Diane Whidden	Executive Vice President
William V. Zuza	Executive Vice President
David J. Saul	Executive Vice President

Address for All Directors and Officers: Zurich NA  
1400 American Lane  
Schaumburg, Illinois 60196