

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90386 040 \*\*\*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**

**44029861**



04082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOWERS, DAVID A  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEVP  
MUELLER, NANCY D  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MCCARTNEY, JOHN J  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
AMORE, JOHN J  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEVP  
PATALANNO, FRANK A  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/04**

Date

Daytime Phone #