2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# 800526

Entity Name: NORTHERN INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

165 BROADWAY
ONE LIBERTY PLAZA
NEW YORK, NY 10006 US

New Principal Place of Business:

Current Mailing Address:

CORPORATE LAW
1400 AMERICAN LANE
SCHAUMBURG, IL 60196 US

New Mailing Address:

FEI Number: 13-5283360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: LEHMANN, AXEL
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DP ( ) Delete
Name: MANNELLO, LOUIS J
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DSEC ( ) Delete
Name: BOWER, DAVID A
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DEVP ( ) Delete
Name: ENGEL, JAMES D
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: SVPT ( ) Delete
Name: CALLAHAN, MARYFRAN
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DEVP (X) Change ( ) Addition
Name: MALLIE, TINA
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID A. BOWERS DSEC 01/18/2007

Electronic Signature of Signing Officer or Director Date