FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802320 (2)

1. Corporation Name

ALBANY INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
GRE INSURANCE GROUP 600 COLLEGE ROAD EAST PRINCETON NJ 08540	GRE INSURANCE GROUP 600 COLLEGE ROAD EAST PRINCETON NJ 08540

3. Date Incorporated or Qualified: 07/19/1825
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-4916020 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITAL BUILDING TALLAHASSEE FL 32304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	MAIOCCO, RICHARD N.	12 NAME	
STREET ADDRESS	47 WESTERLY TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	ROCKY HILL CT	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HASKOWITZ, HOWARD	22 NAME	
STREET ADDRESS	48-07 215TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE HILLS, NY.	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BOSCARDIN, W. J	32 NAME	
STREET ADDRESS	7 SAYLOR COURT	33 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CARR, JOHN P.	42 NAME	
STREET ADDRESS	1200 ASH LANE	43 STREET ADDRESS	
CITY-ST-ZIP	YARDLEY PA	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	YERRILL, VICTOR M.	52 NAME	
STREET ADDRESS	2 HILLCREST DR.	53 STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ROSE MARIE J	62 NAME	
STREET ADDRESS	47 EWINGVILLE ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	TRENTON NJ	64 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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Rose Marie Stevens Rose Marie Stevens 4-17-95 609-275-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047B76 PP