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 # 802320 (2)

1. Corporation Name

ALBANY INSURANCE COMPANY

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

2. Principal Place of Business 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 07/19/1925
3a. Date of Last Report: 04/21/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32304

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ___

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	MAIOCCO, RICHARD N.	
STREET ADDRESS	47 WESTERLY TERR.	
CITY-ST-ZIP	ROCKY HILL CT	
TITLE	VD	☐ DELETE
NAME	HASKOWITZ, HOWARD	
STREET ADDRESS	48-07 215TH STREET	
CITY-ST-ZIP	BAYSIDE HILLS, NY.	
TITLE	VD	☐ DELETE
NAME	BOSCARDIN, W. J	
STREET ADDRESS	7 SAYLOR COURT	
CITY-ST-ZIP	PLAINSBORO NJ	
TITLE	D	☐ DELETE
NAME	CARR, JOHN P.	
STREET ADDRESS	1200 ASH LANE	
CITY-ST-ZIP	YARDLEY PA	
TITLE	PD	☐ DELETE
NAME	YERRILL, VICTOR M.	
STREET ADDRESS	2 HILLCREST DR.	
CITY-ST-ZIP	PELHAM MANOR NY	
TITLE	TD	☐ DELETE
NAME	STEVENS, ROSE MARIE J	
STREET ADDRESS	47 EWINGVILLE ROAD	
CITY-ST-ZIP	TRENTON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	Ballard, Eugene G.	
1.3 STREET ADDRESS	1 Cross Buck Road	
1.4 CITY-ST-ZIP	Katonah, NY	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Rose Marie Stevens Rose Marie Stevens 4-22-96 609-275-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)