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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

GRE INSURANCE GROUP
800 COLLEGE ROAD EAST
PRINCETON NJ 08540

Mailing Address

GRE INSURANCE GROUP
800 COLLEGE ROAD EAST
PRINCETON NJ 08540-6636



3. Date Incorporated or Qualified
07/19/1925

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BALLARD, EUGENE
1 CROSS BUCK ROAD
KATONAH NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HASKOWITZ, HOWARD
48-07 215TH STREET
BAYSIDE HILLS, NY.

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BOSCARDIN, W. J
7 SAYLOR COURT
PLAINSBORO NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARR, JOHN P.
1200 ASH LANE
YARDLEY PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YERRILL, VICTOR M.
2 HILLCREST DR.
PELHAM MANOR NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STEVENS, ROSE MARIE J
47 EWINGVILLE ROAD
TRENTON NJ

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD ☐ Change ☒ Addition

0rol, Elliot

200 East 82nd Atreet., #28G

New York, NY

☐ Change ☐ Addition

TD ☐ Change ☒ Addition

Kugler, Leslie

13-1 Interlaken Court

Freehold NJ

14. I do 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 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

[Signature]

4/22/97

609-275-2651

CR2E034 (9/96)