

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **802320** (2)  
1. Corporation Name  
**ALBANY INSURANCE COMPANY**



Principal Place of Business <b>GRE INSURANCE GROUP 800 COLLEGE ROAD EAST PRINCETON NJ 08540</b>	Mailing Address <b>GRE INSURANCE GROUP 800 COLLEGE ROAD EAST PRINCETON NJ 08540</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/19/1925</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>13-4816020</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITAL BUILDING TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0507 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLARD, EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>1 CROSS BUCK ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KATONAH NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKOWITZ, HOWARD</b>	2.2 NAME	
STREET ADDRESS	<b>48-07 215TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAYSIDE HILLS, NY.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOSCARDIN, W. J</b>	3.2 NAME	<b>V</b>
STREET ADDRESS	<b>7 SAYLOR COURT</b>	3.3 STREET ADDRESS	<b>Heuer, Brian</b>
CITY-ST-ZIP	<b>PLAINSBORO NJ</b>	3.4 CITY-ST-ZIP	<b>1484 Garrett Dr.</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OROL, ELLIOT</b>	4.2 NAME	
STREET ADDRESS	<b>200 E 82ND ST, 28G</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YERRILL, VICTOR M.</b>	5.2 NAME	
STREET ADDRESS	<b>2 HILLCREST DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PELHAM MANOR NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUGLER, LESLIE</b>	6.2 NAME	
STREET ADDRESS	<b>13-1 INTERLAKEN COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREEHOLD NJ</b>	6.4 CITY-ST-ZIP	

14. 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 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:

*Leslie A. Kugler*

Leslie A. Kugler 04/14/98 (609)275-2651

CR2E034 (10/97)