


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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 802320 1. Corporation Name ALBANY INSURANCE COMPANY					
Principal Place of Business GRE INSURANCE GROUP 600 COLLEGE ROAD EAST PRINCETON NJ 08540			Mailing Address GRE INSURANCE GROUP 600 COLLEGE ROAD EAST PRINCETON NJ 08540		
2. Principal Place of Business 21 61 Broadway Suite, Apt. #, etc. 22		2a. Mailing Address 26 61 Broadway Suite, Apt. #, etc. 27		4. FEI Number 13-4916020 Applied For Not Applicable	
City & State 23 New York NY Zip 24 10006		City & State 28 New York NY Zip 29 10006		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME BALLARD, EUGENE STREET ADDRESS 1 CROSS BUCK ROAD CITY-ST-ZIP KATONAH NY			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME HASKOWITZ, HOWARD STREET ADDRESS 48-07 215TH STREET CITY-ST-ZIP BAYSIDE HILLS, NY.			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE V <input checked="" type="checkbox"/> DELETE NAME HEUER, BRIAN STREET ADDRESS 1484 GARRETT DR CITY-ST-ZIP WALL NJ			3.1 TITLE EVP and CIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Joseph E. Vararo 3.3 STREET ADDRESS 144 Cedarbrook Road 3.4 CITY-ST-ZIP Ardmore PA		
TITLE SD <input type="checkbox"/> DELETE NAME OROL, ELLIOT STREET ADDRESS 200 E 82ND ST, 28G CITY-ST-ZIP NEW YORK NY			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME YERRILL, VICTOR M. STREET ADDRESS 2 HILLCREST DR. CITY-ST-ZIP PELHAM MANOR NY			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME KUGLER, LESLIE STREET ADDRESS 13-1 INTERLAKEN COURT CITY-ST-ZIP FREEHOLD NJ			6.1 TITLE SVP /T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Joseph P. Tracey 6.3 STREET ADDRESS RR #2 6.4 CITY-ST-ZIP Peterborough NH 03458		

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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

1-202-208-4200

Daytime Phone #

CR2E034 (11/98)