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 MAY -1 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **811679** **(0)**

1. Corporation Name

CHRISTIANIA GENERAL INSURANCE CORPORATION OF NEW YORK

Principal Place of Business	Mailing Address
120 WHITE PLAINS ROAD TARRYTOWN NEW YORK 10591	120 WHITE PLAINS ROAD TARRYTOWN NEW YORK 10591

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1957
3a. Date of Last Report: 04/26/1994

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)

4. FEI Number: 13-1701424 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL 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 _____ 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	P	1.1 TITLE	Executive V	XX Change ☐ Addition
NAME	LADERACH, PAUL A	1.2 NAME	LADERACH, PAUL A.	
STREET ADDRESS	339 DEER TRACK LANE	1.3 STREET ADDRESS	339 DEER TRACK LANE	
CITY-ST-ZIP	VALLEY COTTAGE NY	1.4 CITY-ST-ZIP	VALLEY COTTAGE, NY	
TITLE	C	2.1 TITLE	P	XX Change ☐ Addition
NAME	BRIGGS, LLOYD C.	2.2 NAME	BRIGGS, LLOYD C.	
STREET ADDRESS	435 CRESTWOOD RD.	2.3 STREET ADDRESS	435 CRESTWOOD ROAD	
CITY-ST-ZIP	FAIRFIELD CT	2.4 CITY-ST-ZIP	FAIRFIELD, CT	
TITLE	V	3.1 TITLE	V	XX Change ☐ Addition
NAME	PEDROSO, MARIA	3.2 NAME	PEDROSO, MARIA	
STREET ADDRESS	3 RAINEY LANE	3.3 STREET ADDRESS	1400 POST ROAD EAST, # 135	
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	WESTPORT, CT	
TITLE	SV	4.1 TITLE		☐ Change ☐ Addition
NAME	EMEIGH, DONALD A., JR.	4.2 NAME		
STREET ADDRESS	6 CAPTAIN MCGOVERN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	STONY POINT NY	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	Sr. V	XX Change ☐ Addition
NAME	BURKE, THOMAS, C	5.2 NAME	COLE, ROBERT P.	
STREET ADDRESS	14 SANDRA LANE	5.3 STREET ADDRESS	95 FOUR WINDS DRIVE	
CITY-ST-ZIP	PEARL RIVER NY	5.4 CITY-ST-ZIP	MIDDLETOWN, NJ 07748	
TITLE	VT	6.1 TITLE		☐ Change ☐ Addition
NAME	DOON, ROGER	6.2 NAME		
STREET ADDRESS	36 N WISCONSIN AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	N MASSAPEQUA NY	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)(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] MARIA C. PEDROSO 4/25/95 914-333-9240
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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