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May 06 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 # 813886 (9)

1. Corporation Name
THE INSURANCE CORPORATION OF NEW YORK

Principal Place of Business

80 MAIDEN LANE
NEW YORK N Y 10038

Mailing Address

80 MAIDEN LANE
NEW YORK N Y 10038-4811



3. Date Incorporated or Qualified
09/15/1959

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

21 500 NORTH BROADWAY
Suite, Apt. #, etc.

22 SUITE #142
City & State

23 JERICHO, NEW YORK
Zip

24 11753 25 USA

2a. Mailing Address

26 500 NORTH BROADWAY
Suite, Apt. #, etc.

27 SUITE 142
City & State

28 JERICHO, NEW YORK
Zip

29 11753 30 Country

4. FEI Number

13-5339725

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
CAPITOL BLDG
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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME COLE, RICHARD E.
STREET ADDRESS C/O 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE PD
NAME BENSINGER, STEVEN J.
STREET ADDRESS C/O 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE S
NAME CARROLL, KATHLEEN M
STREET ADDRESS C/O 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE CFO
NAME HEVERS, CHARLES E.
STREET ADDRESS C/O 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE DP
NAME DEMICHELE, ROBERT
STREET ADDRESS 588 OENOKE RIDGE
CITY-ST-ZIP NEW CANAAN CT

TITLE VP
NAME PRIMERANO, RICHARD B
STREET ADDRESS C/O 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO
1.2 NAME RICHARD E. COLE
1.3 STREET ADDRESS 500 NORTH BROADWAY, SUITE 142
1.4 CITY-ST-ZIP JERICHO, NEW YORK 11753

2.1 TITLE PD
2.2 NAME STEVEN J. BENSINGER
2.3 STREET ADDRESS 500 NORTH BROADWAY, SUITE 142
2.4 CITY-ST-ZIP JERICHO, NEW YORK 11753

3.1 TITLE S
3.2 NAME KATHLEEN M. CARROLL
3.3 STREET ADDRESS 500 NORTH BROADWAY, SUITE 142
3.4 CITY-ST-ZIP JERICHO, NEW YORK 11753

4.1 TITLE CFO
4.2 NAME CHARLES E. MEYERS
4.3 STREET ADDRESS 500 NORTH BROADWAY, SUITE 142
4.4 CITY-ST-ZIP JERICHO, NEW YORK 11753

5.1 TITLE T
5.2 NAME CAROL ANCE-KIRK
5.3 STREET ADDRESS 500 NORTH BROADWAY, SUITE 142
5.4 CITY-ST-ZIP JERICHO, NEW YORK 11753

6.1 TITLE VP
6.2 NAME RICHARD B. PRIMERANO
6.3 STREET ADDRESS 500 NORTH BROADWAY, SUITE 142
6.4 CITY-ST-ZIP JERICHO, NEW YORK 11753

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: KATHLEEN M. CARROLL 4-28-97 203-705-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)