

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
500 NO BROADWAY
STE 142
JERICO NY 11753
US

Mailing Address
500 NO BROADWAY
STE 142
JERICO NE 11753
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/15/1959	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-5339725	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, RICHARD E.	1.2 NAME	
STREET ADDRESS	600 NORTH BROADWAY STE 142	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERICO NY	1.4 CITY-ST-ZIP	11753
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSINGER, STEVEN J	2.2 NAME	
STREET ADDRESS	500 NO BROADWAY STE 142	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERICO NY	2.4 CITY-ST-ZIP	11753
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, KATHLEEN	3.2 NAME	VS JOHN V. DEL COL
STREET ADDRESS	600 NO BROADWAY STE 142	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERICO NY	3.4 CITY-ST-ZIP	11753
TITLE	CFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, CHARLES E	4.2 NAME	
STREET ADDRESS	500 NORTH BROADWAY STE 142	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERICO NY	4.4 CITY-ST-ZIP	11753
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK-ANCE, CAROL	5.2 NAME	VT
STREET ADDRESS	500 NORTH BROADWAY STE 142	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERICO NY	5.4 CITY-ST-ZIP	11753
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMERANO, RICHARD B	6.2 NAME	
STREET ADDRESS	500 NORTH BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JERICO NY	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.

CR2E034 (10/97)