

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90160 038 ***150.00

DOCUMENT # 813886

1. Corporation Name

THE INSURANCE CORPORATION OF NEW YORK

Principal Place of Business

500 NO BROADWAY
STE 142
JERICHO NY 11753
US

Mailing Address

500 NO BROADWAY
STE 142
JERICHO NE 11753
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1959

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 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 CEO ☐ DELETE
NAME COLE, RICHARD E.
STREET ADDRESS 500 NORTH BOARDWAY STE 142
CITY-ST-ZIP JERICHO NY 11753

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS SUITE 155
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME BENSINGER, STEVEN J
STREET ADDRESS 500 NO BROADWAY STE 142
CITY-ST-ZIP JERICHO NY 11753

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS SUITE 155
2.4 CITY-ST-ZIP

TITLE VS ☐ DELETE
NAME JOHN V DEL COL
STREET ADDRESS 500 NO BROADWAY STE 142
CITY-ST-ZIP JERICHO NY 11753

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS SUITE 155
3.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE
NAME MEYERS, CHARLES E
STREET ADDRESS 500 NORTH BROADWAY STE 142
CITY-ST-ZIP JERICHO NY 11753

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS SUITE 155
4.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME KIRK-ANCE, CAROL
STREET ADDRESS 500 NORTH BROADWAY STE 142
CITY-ST-ZIP JERICHO NY 11753

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS SUITE 155
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME PRIMERANO, RICHARD B
STREET ADDRESS 500 NORTH BROADWAY
CITY-ST-ZIP JERICHO NY

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS SUITE 155
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)