

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813886

1. Entity Name

THE INSURANCE CORPORATION OF NEW YORK

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90381 032 ***150.00

Principal Place of Business

500 NO BROADWAY
STE. 155
JERICHO NY 11753
US

Mailing Address

500 NO BROADWAY
STE. 155
JERICHO NY 11753
US

2. Principal Place of Business

One Canterbury Green

Suite, Apt. #, etc.

3. Mailing Address

One Canterbury Green

Suite, Apt. #, etc.

City & State

Stamford, CT

City & State

Stamford, CT

Zip

06901

Country

Fairfield

Zip

06901

Country

Fairfield

4. FEI Number

13-5339725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CCD** ☐ Delete
NAME **ROBERTS, JAMES E**
STREET ADDRESS **500 NO BROADWAY STE 155**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE **PD** ☒ Delete
NAME **WARFIELD, MICHAEL J**
STREET ADDRESS **500 NO BROADWAY STE. 155**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE **VS** ☐ Delete
NAME **JOHN V DEL COL**
STREET ADDRESS **500 NO BROADWAY STE. 155**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE **SVP** ☐ Delete
NAME **POSTER, YVONNE M**
STREET ADDRESS **500 NORTH BROADWAY STE.155**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE **VT** ☒ Delete
NAME **KIRK-ANCE, CAROL**
STREET ADDRESS **500 NORTH BROADWAY STE. 155**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE **VP** ☐ Delete
NAME **PRIMERANO, RICHARD B**
STREET ADDRESS **500 NORTH BROADWAY STE.155**
CITY-ST-ZIP **JERICHO NY**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman & CEO & Director** ☒ Change ☐ Addition
NAME **One Canterbury Green**
STREET ADDRESS **Stamford, CT 06901**

TITLE **President** ☐ Change ☐ Addition
NAME **Peter R. Ziesing**
STREET ADDRESS **One Canterbury Green**
CITY-ST-ZIP **Stamford, CT 06901**

TITLE **Sr. VP, Secretary** ☒ Change ☐ Addition
NAME **One Canterbury Green**
STREET ADDRESS **Stamford, CT 06901**

TITLE ☐ Change ☐ Addition
NAME **One Canterbury Green**
STREET ADDRESS **Stamford, CT 06901**

TITLE **VP & Treasurer** ☐ Change ☐ Addition
NAME **David M. Finkelstein**
STREET ADDRESS **One Canterbury Green**
CITY-ST-ZIP **Stamford, CT 06901**

TITLE **Sr. VP** ☐ Change ☐ Addition
NAME **One Canterbury Green**
STREET ADDRESS **Stamford, CT 06901**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John V. Del Col
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John V. Del Col

4/12/01
Date

(203) 602-3074
Daytime Phone #

CR2E034 (10/00)