## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 813886 1. Entity Name

THE INSURANCE CORPORATION OF NEW YORK

Principal Place of Business

Mailing Address

78.1.1.1						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
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08-21-2002 90093 025 \*\*\*550.00

1 CANTERBURY GREEN STAMFORD CT 06901 US  1 CANTERBURY GREEN STAMFORD CT 06901 US				į							
2. Principal I	2. Principal Place of Business 3. Mailing Address						ile alti olah ele				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. 1	4. FEI Number 13-5339725			Applied For Not Applicable		
Zip	Country	Zip	Countr	у	5. (	Certificate of Status Desired		¢9.75 Additional			
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New R		•		Ⅎ	
				Name						1	
INSURAN	ICE COMMISSIONER		-	Street Address / D.O. Rev Niverbas is Not Assessed to							
CAPITOL	BLDG			Street Address (P.O. Box Number is Not Acceptable)							
TALLAHA	SSEE FL 32304									1	
			-	City			FL	Zip Co	de	1	
O The				•				1			
the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered	d office o	r registered ag	ent, or both, in the State of Flo	orida. I am fa	miliar with	, and accept	i	
										ļ	
SIGNATURE ;	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered.	Agent signat	ure required when re	sinstating)	DATE				
This corporation is eligible to satisfy its Intangible at file NOW!!!  After September 13, 2  See criteria on back)  FILE NOW!!!  After September 13, 2  Make Check Payable		2002 F	•		10. Election Campaign Fin Trust Fund Contribution			<b>00</b> May Be			
11.	OFFICERS AND I		12.			DITIONS/CHANGES TO OFF	ICERS AND E	NECTOR	9S IN 11	-	
TITLE	CCD	☐ Delete	TITLE		,	DITIONO, OF IAMAZO TO OFF		☐ Change	Addition	1 6	
NAME	ROBERTS, JAMES E		NAME							177	
STREET ADDRESS	1 CANTERBURY GREEN		STREET	ADDRESS						3	
CITY-ST-ZIP	STAMFORD CT 06901	<del>_</del>	CITY-S	iT-ZIP						يَ ا	
TITLE	P	☐ Delete	TITLE				(	Change	☐ Addition	5	
NAME STREET ADDRESS	ZIESING, PETER R		NAME	ADBRESS							
CITY-ST-ZIP	1 CANTERBURY GREEN STAMFORD CT 06901			address T-zip							
TITLE	SVS	□ Delete	TITLE					٦.٥٠	- Lance	-	
NAME	JOHN V DEL COL	□ Delete	NAME		Execut	ive Vice Presid	ent X	X Change	☐ Addition		
STREET ADDRESS	1 CANTERBURY GREEN			ADDRESS							
CITY-ST-ZIP	STAMFORD CT 06901		CITY-S								
TITLE	VT	☐ Delete	TITLE	***		-	Γ	☐ Change	Addition	1	
NAME	FINKELSTEIN, DAVID M	NAF		1			_	_ ,			
STREET ADDRESS	1 CANTERBURY GREEN			ADDRESS							
CITY-ST-ZIP	STAMFORD CT 06901		CITY-S	T-ZIP							
TITLE	SV	<b>XX</b> Delete	TITLE					Change	☐ Addition		
NAME	KIRK-ANCE, CAROL		NAME	IDDOSS							
STREET ADDRESS CITY-ST-ZIP	1 CANTERBURY GREEN		STREET CITY-S	ADDRESS							
TITLE	STAMFORD CT 06901		1-	1-ZIF				7.0:			
NAME.	VP PRIMERANO, RICHARD B	☐ Delete	TITLE NAME		Senior	Vice President	L	<b>X</b> Change	Addition Addition		
STREET ADDRESS	500 NORTH BROADWAY STE.15	5		ADDRESS	One Can	terbury Green					
CITY-ST-ZIP	JERICHO NY			r-ZIP	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:

Peter R. Ziesing

8/13/02

(203) 705-2500