FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834974** **(8)**

1. Corporation Name
LLOYDS NEW YORK INSURANCE COMPANY

Principal Place of Business
125 MAIDEN LANE
NEW YORK NY

Mailing Address
125 MAIDEN LANE
NEW YORK NY

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1975
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
Suite Apt. #, etc. — 22
City & State — 23
24 25

2a. Mailing Address — 26
Suite Apt. #, etc. — 27
City & State — 28
29 30

4. FEI Number: 13-3625361 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This report is certified for intangible tax under F.S. 607.1622 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
HILLEBRAND, HYMAN
KROLL & TRACT
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: The Prentice-Hall Corp System, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83 Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above 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 affirmative vote of the board of directors, trustees, or other governing body or by the incumbent registered agent. I am familiar with the contents of this statement and hereby certify that I am an officer or director of the corporation or a receiver, trustee, or other court appointed fiduciary.

Carol Glaspie Carol Glaspie Asst Vice Pres. 5/4/95

12. OFFICERS AND DIRECTORS

Title	CD
Name	PRESLAND, PETER ERIC
Address	35 RIVERSIDE CT.
City, State, Zip	LONDON SW8 5BY
Title	D
Name	MOSS, ALVIN BENJAMIN
Address	265 E 66TH STREET
City, State, Zip	NEW YORK NY 10021
Title	P
Name	WHALEN, PATRICK S
Address	3119 SCHRIEBER PLACE
City, State, Zip	BALDWIN HARBOR NY 11510
Title	V
Name	STILWELL, WINSLOW
Address	400 MILLBROOK AVE
City, State, Zip	RANDOLPH NJ 07869
Title	S
Name	GREEN, DANNY R
Address	140 LAREDO AVE.
City, State, Zip	STATEN ISLAND NY 10312
Title	D
Name	WILLIAMS, RAYMOND R
Address	19 WAYFIELD ROAD
City, State, Zip	GLENHAVEN 2154 NSW

13. ADDITIONAL OFFICERS AND DIRECTORS [ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or other court appointed fiduciary of the corporation, or the legal or commercial representative of the foregoing entity, and that my name appears in Block 12 or Block 13 or I am a court appointed officer or director.

SIGNATURE: Winslow Stilwell 5/15/95 212-269-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001356 CP