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 -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **858047** **(4)**

1. Corporation Name

FRONTIER INSURANCE COMPANY OF NEW YORK, INC.

Principal Place of Business	Mailing Address
195 LAKE LOUISE MARIE RD. P O BOX 5016 ROCK HILL NY 12775 US	195 LAKE LOUISE MARIE RD. P O BOX 5016 ROCK HILL NY 12775 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1983**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **13-2559805** ☐ 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 has liability for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JORDAN, HILDA
4373 LAKE WOODBOURNE ST.
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	RHULEN, WALTER A.	12 NAME	Mark H. Mishler	
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	13 STREET ADDRESS	195 Lake Louise Marie Road	
CITY-ST-ZIP	ROCK HILL NY	14 CITY-ST-ZIP	Rock Hill, NY	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FARROW, JESSE M.	22 NAME		
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	23 STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL NY	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	RHULEN, PETER L.	32 NAME		
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL NY	34 CITY-ST-ZIP		
TITLE	TVD	41 TITLE		☐ Change ☐ Addition
NAME	PLANTE, DENNIS	42 NAME		
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	43 STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TEPPER, MARVIN L.	52 NAME		
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	53 STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL NY	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	MARKOVITS, R. LINDA	62 NAME		
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	63 STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL NY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mark H. Mishler, Asst. Secretary/Controller — 4/27/95 — (914) 796-2100

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484488 FN