


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # F03000006041
 1. Entity Name
 YORK INSURANCE SERVICES GROUP, INC.



Principal Place of Business
 99 CHERRY HILL ROAD, SUITE 102
 PARSIPPANY, NJ 07054

Mailing Address
 99 CHERRY HILL ROAD, SUITE 102
 PARSIPPANY, NJ 07054



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-4198394

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACARTHUR, THOMAS C 99 CHERRY HILL ROAD, SUITE 102 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PANICO, DAVID 99 CHERRY HILL ROAD, SUITE 102 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LIND, PETER E 99 CHERRY HILL ROAD, SUITE 102 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO AUSSICKER, MARK 99 CHERRY HILL ROAD, SUITE 102 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCIO ECKSTEIN, HENRY 99 CHERRY HILL ROAD, SUITE 230 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCIO MCKINLEY, RICHARD 99 CHERRY HILL ROAD, SUITE 230 PARSIPPANY, NJ 07054

U00000672532
 03/28/07-80071-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter E. Lind* Peter E. Lind 03/15/2007 975-404-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Senior Vice President - Secretary