2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# F06000000753

Entity Name: NAVIGATORS INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

ONE PENN PLAZA, 55TH FLOOR
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

ONE PENN PLAZA, 55TH FLOOR
NEW YORK, NY 10119

New Mailing Address:

FEI Number: 13-2771091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: GALANSKI, STANLEY A.
Address: ONE PENN PLAZA, 55TH FLOOR
City-St-Zip: NEW YORK, NY 10119

Title: SVP ( ) Delete
Name: SAUNDERS, JEFF L.
Address: ONE PENN PLAZA, 55TH FLOOR
City-St-Zip: NEW YORK, NY 10119

Title: EVPC ( ) Delete
Name: MALAVSIO, PAUL J.
Address: ONE PENN PLAZA, 55TH FLOOR
City-St-Zip: NEW YORK, NY 10119

Title: SVP ( ) Delete
Name: DUCA, CHRISTOPHER C.
Address: ONE PENN PLAZA, 55TH FLOOR
City-St-Zip: NEW YORK, NY 10119

Title: SVPC ( ) Delete
Name: EISDORFER, R. SCOTT
Address: ONE PENN PLAZA, 55TH FLOOR
City-St-Zip: NEW YORK, NY 10119

Title: SVP ( ) Delete
Name: JOHNSON, RUSSELL J.
Address: ONE PENN PLAZA, 55TH FLOOR
City-St-Zip: NEW YORK, NY 10119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MALVASIO EVP 08/28/2007

Electronic Signature of Signing Officer or Director Date