

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F06000007588

1. Entity Name

YORK INSURANCE HOLDINGS, INC.



Principal Place of Business

99 CHERRY HILL RD
PARSIPPANY, NJ 07054

Mailing Address

99 CHERRY HILL RD
PARSIPPANY, NJ 07054



03072007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4719599

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	CP MACARTHUR, THOMAS C 99 CHERRY HILL RD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WARD, JOHN 7400 ALGONQUIN DR CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, STEPHEN 280 PARK AVE 38TH FLOOR WEST TOWER NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTATORI, DOUGLAS 280 PARK AVE 38TH FLOOR WEST TOWER NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIBBEN, JEFFREY 280 PARK AVE 38TH FLOOR WEST TOWER NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MACARTHUR, THOMAS C 99 CHERRY HILL RD PARSIPPANY, NJ 07054

U00000672392
03/28/07-80066-015-150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter E. Lind
Peter E. Lind
Vice President
+ Secretary

03/15/2007 973-404-1235
Date Daytime Phone #