

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007588

FILED
Feb 23, 2011
Secretary of State

Entity Name: YORK INSURANCE HOLDINGS, INC.

Current Principal Place of Business:

99 CHERRY HILL RD
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

99 CHERRY HILL RD
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 20-4719599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D
Name: STONE, BRENT
Address: 111 HUNTINGTON AVENUE
City-St-Zip: BOSTON, MA 02199

Title: D
Name: BROOKS, ERIK
Address: 111 HUNTINGTON AVENUE
City-St-Zip: BOSTON, MA 02199

Title: D
Name: NICKEL, TIMOTHY
Address: 111 HUNTINGTON AVENUE
City-St-Zip: BOSTON, MA 02199

Title: D
Name: PAN, BOB
Address: 111 HUNTINGTON AVENUE
City-St-Zip: BOSTON, MA 02199

Title: DP
Name: GALIOTO, ANTHONY J
Address: 99 CHERRY HILL ROAD
City-St-Zip: PARSEIPPANY, NJ 07054

Title: SVPS
Name: LIND, PETER E
Address: 99 CHERRY HILL RD
City-St-Zip: PARSEIPPANY, NJ 07054

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER E. LIND

SVPS

02/23/2011

Electronic Signature of Signing Officer or Director

Date