## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F98000000444

PARIS FRANCE.

City-St-Zip:

Entity Name: TOWER INSURANCE COMPANY OF NEW YORK

FILED Jul 18, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	DWAY, 14TH K, NY 10271	l FL					
Current Mailing Address:				New Mailing Address:			
	DWAY, 14TH K, NY 10271	l FL					
FEI Number:	El Number: 13-3548249 FEI Number Applied For ( )			FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			Agent:
P O BOX 6 200 E. GAI	IANCIAL OFF 200 (32314-6 NES ST SSEE, FL 32	200)					
	named entity of Florida.	submits this stateme	ent for the purp	oose of changing it	ts registere	d office or registere	ed agent, or both,
SIGNATUR	RE: TOM GA	ALLAGHER					
	Electro	nic Signature of Reg	istered Agent			Date	
Election Can	npaign Financi	ng Trust Fund Contribu	tion ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Address:	LEE, MICHAE	TH STREET #34A		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition AEL H DWAY, 14TH FLOOR (, NY 10271	nc
Title.	V (	) Delete		Title.	T./D	(V) Change ( ) Addition	

(X) Change ( ) Addition Title: ( ) Delete Title: COLALUCCI, FRANCIS M LEE. HELEN H Name: Name: Address: 330 EAST 75TH STREET #34A Address: 120 BROADWAY, 14TH FLOOR NEW YORK, NY 10271 City-St-Zip: NEW YORK, NY City-St-Zip:

Title: Title: (X) Change ( ) Addition SD ( ) Delete SVD Name: Name: FAUTH, STEVEN G

FAUTH, STEVEN G

235 EAST 22ND STREET SPT 16T Address: 120 BROADWAY, 14TH FLOOR Address:

City-St-Zip: NEW YORK, NY City-St-Zip: NEW YORK, NY 10271

Title: (X) Delete Title: () Change () Addition PETRO, ALEXANDER H Name: Name: Address: 95 BLVD MALESHERBES Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

City-St-Zip:

SIGNATURE: MICHAEL H. LEE **PCD** 07/18/2005