

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90100 041 \*\*\*150.00

**DOCUMENT # F99000001717**

1. Entity Name  
**ESSEX NATIONAL INSURANCE AGENCY, INC.**

Principal Place of Business  
**% ESSEX CORPORATION**  
**825 THIRD AVE**  
**NEW YORK NY 10022**

Mailing Address  
**% ESSEX CORPORATION**  
**825 THIRD AVE**  
**NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-4048160**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS ST, SUITE 2**  
**TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>CCEO</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>CROWE, KEVIN E</b>            |  |
| STREET ADDRESS | <b>825 THIRD AVE</b>             |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>         |  |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>CROWE, KEVIN E</b>            |  |
| STREET ADDRESS | <b>825 THIRD AVE</b>             |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>         |  |
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>NICHOLAS, FREDERICK S III</b> |  |
| STREET ADDRESS | <b>825 THIRD AVE</b>             |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>         |  |
| TITLE          | <b>VS</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>ZYTKOWICZ, GREGORY G</b>      |  |
| STREET ADDRESS | <b>825 THIRD AVE</b>             |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>         |  |
| TITLE          | <b>V</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>STODDART, TIM</b>             |  |
| STREET ADDRESS | <b>825 THIRD AVE</b>             |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>         |  |
| TITLE          | <b>T</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LANTHIER, ELISA</b>           |  |
| STREET ADDRESS | <b>825 THIRD AVE</b>             |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>         |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | <b>TREASURER   CONTROLLER</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>GEORGE R. DAOST</b>        |  |
| STREET ADDRESS | <b>825 THIRD AVENUE</b>       |  |
| CITY-ST-ZIP    | <b>NEW YORK, NY 10022</b>     |  |

**SEE ATTACHED**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Greg Zytzk* **1-31-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
A0020160  
Document # F9900000717

**Essex Financial Services, Inc.**  
**List of Officers & Directors**

| <i>Name</i>               | <i>Address</i>                                    | <i>Title</i>  |
|---------------------------|---|---|
| Kathleen M. Graveline     | 200 Clarendon Street<br>Boston, MA 02117          | Chairman  |
| Kevin E. Crowe            | 825 Third Avenue<br>New York, NY 10022            | Chief Executive Officer                                 |
| Frederick S. Nicholas III | 825 Third Avenue<br>New York, NY 10022            | President   |
| William N. Wade           | 101 Bradford Road, Suite 200<br>Wexford, PA 15090 | Executive Vice President - New Business Development     |
| Gregory G. Zytowicz       | 825 Third Avenue<br>New York, NY 10022            | Senior Vice President - Operations/ Assistant Secretary |
| Scott K. Davis            | 215 Gateway Road West<br>Napa, CA 94558           | Vice President  |
| Thomas L. Wetmore         | 215 Gateway Road West<br>Napa, CA 94558           | Vice President / Chief Compliance Officer               |
| Timothy M. Stoddart       | 825 Third Avenue<br>New York, NY 10022            | Vice President  |
| Bruce C. McCulloch        | 215 Gateway Road West<br>Napa, CA 94558           | Vice President  |
| George R. Daoust          | 825 Third Avenue<br>New York, NY 10022            | Vice President / Treasurer/Controller                   |
| Kathy L. Glass            | 215 Gateway Road West<br>Napa, CA 94558           | Vice President  |
| Antoinette Ricci          | 200 Clarendon Street<br>Boston, MA 02117          | Secretary   |
| Elizabeth A. Clark        | 200 Clarendon Street<br>Boston, MA 02117          | Assistant Secretary                                     |

**Directors**

|                           |  |          |
|---------------------------|--|----------|
| Kevin E. Crowe            | 825 Third Avenue<br>New York, NY 10022   | Director |
| John T. Farady            | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| Kathleen M. Graveline     | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| Peter Mawn                | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| Frederick S. Nicholas III | 825 Third Avenue<br>New York, NY 10022   | Director |

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A0020160  
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**Essex Financial Services, Inc.**  
**List of Officers & Directors**

|                      |  |          |
|----------------------|--|----------|
| Eric A. Simonson     | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| Michael H. Studley   | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| Michelle G. Van Leer | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| Robert F. Walters    | 200 Clarendon Street<br>Boston, MA 02117 | Director |
| James Schmidt        | 200 Clarendon Street<br>Boston, MA 02117 | Director |