

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001717**

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



Principal Place of Business

**825 THIRD AVENUE  
37TH FLOOR  
NEW YORK, NY 10022**

Mailing Address

**825 THIRD AVENUE  
37TH FLOOR  
NEW YORK, NY 10022**



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4048160**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

1100000390508  
11/24/06-80001-009 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCEO  
CROWE, KEVIN E  
825 THIRD AVE  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CROWE, KEVIN E  
825 THIRD AVE  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NICHOLAS, FREDERICK S III  
825 THIRD AVE  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
ZYTOWICZ, GREGORY G  
825 THIRD AVE  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
STODDART, TIM  
825 THIRD AVE  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
CIANCARELLI, STEPHEN V  
825 THIRD AVENUE  
NEW YORK, NY 10022**

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Stephen V. Ciancarelli* **Stephen V. Ciancarelli**  
**CFO / SVP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #