


**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**



01052006 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

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

**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 ZYTKOWICZ, 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 CFO / SVP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_