

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90055 034 \*\*\*150.00

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**DOCUMENT # F99000001915**

1. Entity Name  
**MEDICAL LIABILITY MUTUAL INSURANCE COMPANY**



Principal Place of Business  
**8 BRITISH AMERICAN BLVD  
LATHAM NY 12110**

Mailing Address  
**8 BRITISH AMERICAN BLVD  
LATHAM NY 12110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **14-1584861**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399-0000**

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. 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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **CASSIDY, GERALD J**  
STREET ADDRESS **25 STONEWELL LANE**  
CITY-ST-ZIP **DELMAR NY 12054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **AMSLER, EDWARD J**  
STREET ADDRESS **6 BLIND BROOK ROAD**  
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TVD** ☐ Delete  
NAME **ASWAD, CHARLES N M.D.**  
STREET ADDRESS **116 RIVERSIDE DRIVE**  
CITY-ST-ZIP **BINGHAMTON NY 13905**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BISHARA, MARY ANN Z M.D.**  
STREET ADDRESS **679 MOUNTAIN VIEW DRIVE**  
CITY-ST-ZIP **LEWISTON NY 14092**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CADY, DUANE M M.D.**  
STREET ADDRESS **1833 MEEKER ROAD**  
CITY-ST-ZIP **LA FAYETTE NY 13084**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CLOWE, JOHN L M.D.**  
STREET ADDRESS **21 GOLF VIEW DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF OFFICER OR DIRECTOR**

**7/15/2003**

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*  
LIST OF OFFICERS & DIRECTORS  
2003

90145862  
F99000001915

D Ascioti, Anthony A (M.D.) 6939 Lymekiln Road Fayetteville, NY	D Barbaccia, Ann M. (M.D.) 702 Soundview Road Oyster Bay, NY 11771
D Breault, Robert A. (M.D.) 1368 Union Street Schenectady, NY	D Dolan, William A. (M.D.) 203 Clover Hills Drive Rochester, NY
D Dwyer, John F. (M.D.) 205 West End Avenue New York, NY 10023	V Fager, Donald J. 246 West Road Canaan, CT 06840
D Feldman, Mark J.(DMD) 5 Vanad Drive Roslyn, NY	D Felton, David W. 26 Maple Avenue Hamilton, NY 13346
D Fracchia, John A. (M.D.) 420 E. 72 <sup>nd</sup> Street New York, NY	D Gelfand, Samuel M. (M.D.) 48 Arrandale Road Rockville Centre, NY
D George, Robert M. (M.D.) 27 Rockport Road New Hartford, NY 13413	SVD Grossman, Stanley L. (M.D.) 82 Susan Drive Newburgh, NY
D Herzog, Harold K. 221 Mill Road New Canaan, CT 06840	D Howell, Bonnie H. 101 Dates Drive Ithaca, NY 14850

Attachment 90145862  
F99000001915

V K. Wayne Kahle 6137 Kingsley Lake Drive Starke, FL	D Karpinski, Richard H. S. 270 1 <sup>st</sup> Avenue New York, NY 10009
D Katz, Alvin (M.D.) 67 Ridge Road Tenafly, NJ 07670	D Kornel, Ezriel E. (M.D.) E. Middle Patent Road Bedford, NY 10506
D Lombardi, Tarky J., Jr. 99 Burlingame Road Syracuse, NY 13203	D Loomis, Norman R. (M.D.) 7736 Tamarack Lane Ontario, NY 14519
D Madell, Samuel H. 1600 Parker Avenue Fort Lee, NJ 07024	D Menotti, Robert A. (M.D.) 4045 Bristol Road Clinton, NY
D Nielsen, Nancy H. (M.D.) 7861 E. Quaker Road Orchard Park, NY 14127	D Okosky, Paul J. (M.D.) 24 Wedgewood Rive Saratoga Springs, NY 12866
PCD Patterson, Andrew H. (M.D.) 14 Birchbrook Road Bronxville, NY 10708-2016	D Peer, Richard M. (M.D.) 14 Georgetown Ct. Williamsville, NY
D Roberts, Kenneth D. 6 Sage Brush Court East Setauket, NY 11733	D SanTomauro, Anthony P. (M.D.) 439 N. Forest road Williamsville, NY
D Schechter, Alan 46 Calumet Drive Dix Hills, NY 11746	D Schwartz, Ralph M. (M.D.) 25 Sutton Place.; So. Apt. 3M New York, NY 10022
D Sibulkin, David (M.D.) 240 Central Park South New York, NY 10019	D Skilbred, L. Arne (M.D.) 22 West Drive Sag Harbor, NY 11963
D Streck, William F. (M.D.) 2 Fernleigh Drive Cooperstown, NY 13326	D Tilley, George P. (M.D.) 31 Marvelle Road Fayetteville, NY 13066-1017
D Volpe, Salvatore (M.D.) 17 Whitehall Street Staten Island, NY	D Wetzel, Frederick W., Jr. (DDS) 2154 Union Street Niskayuna, NY 12309



Attachment

90145862  
F99000001915

New York, NY  
Latham, NY  
Syracuse, NY  
East Meadow, NY

8 British American Boulevard • Latham, NY 12110 • (518) 786-2700 • (800) 635-0666

www.mlmic.com

July 14, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report  
Medical Liability Mutual Insurance Company  
NAIC# 34231

Dear Sir/Madam:

On July 7, 2003, I received a second request for completion of the 2003 Uniform Business Report. I called your office because I had already submitted this report earlier this year. The gentleman that I spoke to (I didn't get his name) advised me that he did not show a record of receiving our submission. He requested that I resubmit, with a cover letter explaining the circumstances, and a copy of our cancelled check. He requested that if our check had not cleared to submit a new check for \$150.00.

I have since checked with my Finance Department and they do not show that our check for \$150.00 has cleared. We have put a stop payment on that check and have issued a new check for \$150.00.

Enclosed please find the following:

- A completed Uniform Business Report
- An attached list of all officers and directors
- A check for \$150.00, payable to Florida Department of State.

I am sending this submission by overnight delivery so that I will have confirmation that it does indeed make it to you this time. Thank you for your assistance.

Please contact me at 518-786-2761 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Cathy H. Place'.

Cathy H. Place  
Compliance & Regulatory Affairs