2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# N00000003005

Entity Name: TAMPA BAY UNDERWRITING & CLAIMS ASSOCIATION INC.

Current Principal Place of Business:

NEW YORK INSURANCE COMPANY
5505 W. CYPRESS ST., STE. 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

NEW YORK INSURANCE COMPANY
5505 W. CYPRESS ST., STE. 200
TAMPA, FL 33607

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICE, DAN
NEW YORK INSURANCE COMPANY
5505 W. CYPRESS ST., STE. 200
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PETTIFORD, WENDY
Address: P.O. BOX 5068
City-St-Zip: CLEARWATER, FL 34618

Title: VD (X) Delete
Name: RICE, DAN
Address: 5505 W. CYPRESS ST.
City-St-Zip: TAMPA, FL 33607

Title: DD ( ) Delete
Name: PITTARELLI, MATT
Address: 5505 W CYPRES ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RICE, DAN
Address: 5505 W. CYPRESS ST.
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Statutes. 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN RICE PD 09/07/2005

Electronic Signature of Signing Officer or Director — Date