
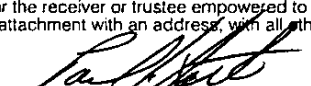


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90003 019 \*\*\*158.75

<b>DOCUMENT # P15762</b>					
<b>1. Entity Name</b> NEW YORK MARINE AND GENERAL INSURANCE COMPANY					
<b>Principal Place of Business</b> 919 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10022 US			<b>Mailing Address</b> 919 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10022 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 13-2703894	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CD	<b>NAME</b> TRUMBULL, GEORGE R		<b>TITLE</b> CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 919 THIRD AVENUE, 10TH FLOOR	<b>CITY-ST-ZIP</b> NEW YORK, NY 10022		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SECR	<b>NAME</b> HART, PAUL J		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 919 THIRD AVENUE, 10TH FLOOR	<b>CITY-ST-ZIP</b> NEW YORK, NY 10022				
<b>TITLE</b> AT	<b>NAME</b> CAHALANE, DANIEL F. JR.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 919 THIRD AVENUE, 10TH FLOOR	<b>CITY-ST-ZIP</b> NEW YORK, NY 10022				
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		PRESIDENT AND CEO A. George Kallop 919 Third Avenue, 10th Floor New York, New York 10022		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>				
<b>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 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 		Paul J. Hart, Senior Vice President, General Counsel and Secy.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

(212) 551-0777