FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:19

DOCUMENT # P16331 (1)

1. Corporation Name
JARDINE INSURANCE BROKERS NEW YORK INC.

Principal Place of Business	Mailing Address
1155 AVENUE OF THE AMERICAS NEW YORK NY 10036	1155 AVENUE OF THE AMERICAS NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1987	3a. Date of Last Report: 02/14/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 13-2629399	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, JAY	12 NAME	
STREET ADDRESS	333 BUSH ST, STE 500	13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HANSEN, E. PAUL	22 NAME	
STREET ADDRESS	333 BUSH ST, STE 500	23 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, THOMAS	32 NAME	
STREET ADDRESS	1155 AVE OF THE AMERICAS	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	DONAHUE, DANIEL J	42 NAME	
STREET ADDRESS	1155 AVE OF THE AMERICAS	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	MCCLOSKEY, MICHAEL F	52 NAME	
STREET ADDRESS	333 BUSH ST, STE 500	53 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	BATCHELOR, DAVID J.	62 NAME	
STREET ADDRESS	333 BUSH ST, STE 500	63 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Scarborough (Jay Scarborough) 01/24/95 (415) 773-4495
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0306350 FP