2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P22487

1. Entity Name
NAVIGATORS INSURANCE COMPANY



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90439 033 ***150.00

| Principal Place of Business ONE PENN PLAZA STIR FLOOR NEW YORK, NY 10119 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Rye Brook, NY 13-3138390 Fee Required Country Country Tip 6. Name and Address of Current Registered Agent Fee Required 6. Name and Address of Current Registered Agent Fee Required 6. Name and Address of Current Registered Agent Fee Required 6. Name and Address of Current Registered Agent Fee Required 6. Name and Address of Current Registered Agent Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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 Street Address (P.O. Box Number is Not Acceptable) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Address To OFFICERS AND DIRECTORS In 11 RINE P GALANSKI, STANLEY A Business Address To OFFICERS AND DIRECTORS In 11 RINE GALANSKI, STANLEY A Business Address Suite Address Address Agent separative required when reintation and the contribution. Added to Fees 10. OFFICERS AND DIRECTORS In 11 RINE GALANSKI, STANLEY A Business Address Suite Address Suite Address Agent separative required when reintation and the factor of the purpose of Addition New Edition Suite Address Agent separative required when reintation and the factor of the Address | | | | | | | | | | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country States Country Status Desired Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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 | Principal Place of Business | | | | Mailing Address | | | | | • | | | | |
| Sulte, Apt. #, etc. Suite, Apt. #, etc. Q4182005 Chg-P CR2E034 (10/03) | 55TH FLOOR | | | | | | | | 1 Fallar i 11 | . iibib itsii bibbi ibiy isb | I BY b ii bibii bii | DIN BIBNI BIBNI BIB | 31 8 31 (1 1831 | |
| City & State | 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | |
| Rye Brook, NY 13-3138390 Not Applicable Zip Country Zip 10573 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 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) 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 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 reinstaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Addition Address of New Registered Agent Name Name | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04182005 | Chg-P | CR2E | 034 (10/03) | | |
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| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information. | | Certify that * | ne information supplied with | this filing | does not qualify f | | | in Se | ection 119 07/3 | (i), Florida Statutes | I further ce | ertify 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. | indicated of the co | r or director | | | | | | | | | | | | |

Mary Lynn Asst Vice President