

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P22487**

1. Entity Name  
**NAVIGATORS INSURANCE COMPANY**



Principal Place of Business

**ONE PENN PLAZA  
55TH FLOOR  
NEW YORK, NY 10119**

Mailing Address

**6 INTERNATIONAL DRIVE - SUITE 100  
RYE BROOK, NY 10573**



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3138390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GALANSKI, STANLEY A
STREET ADDRESS	6 INTERNATIONAL DRIVE - SUITE 100
CITY-ST-ZIP	RYE BROOK, NY 10573

TITLE	VT
NAME	MARGARELLA, SALVATORE A
STREET ADDRESS	6 INTERNATIONAL DRIVE - SUITE 100
CITY-ST-ZIP	RYE BROOK, NY 10573

TITLE	SVP
NAME	WILEY, BRADLEY D
STREET ADDRESS	6 INTERNATIONAL DRIVE - SUITE 100
CITY-ST-ZIP	RYE BROOK, NY 10573

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80078-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Mary Lynn Mary Lynn Assistant Vice President 4/21/06 914-933-6054

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #