

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22487

FILED
Apr 24, 2008
Secretary of State

Entity Name: NAVIGATORS INSURANCE COMPANY

Current Principal Place of Business:

ONE PENN PLAZA
55TH FLOOR
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

6 INTERNATIONAL DRIVE - SUITE 100
RYE BROOK, NY 10573

New Mailing Address:

6 INTERNATIONAL DRIVE
SUITE 100
RYE BROOK, NY 10573

FEI Number: 13-3138390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALANSKI, STANLEY A
Address: 6 INTERNATIONAL DRIVE - SUITE 100
City-St-Zip: RYE BROOK, NY 10573

Title: VT () Delete
Name: MARGARELLA, SALVATORE A
Address: 6 INTERNATIONAL DRIVE - SUITE 100
City-St-Zip: RYE BROOK, NY 10573

Title: SVP () Delete
Name: WILEY, BRADLEY D
Address: 6 INTERNATIONAL DRIVE - SUITE 100
City-St-Zip: RYE BROOK, NY 10573

Title: SEC () Delete
Name: OROL, ELLIOT S
Address: 6 INTERNATIONAL DRIVE - SUITE 100
City-St-Zip: RYE BROOK, NY 10573

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CONNOLLY, THOMAS C
Address: 6 INTERNATIONAL DRIVE - SUITE 100
City-St-Zip: RYE BROOK, NY 10573

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

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

Title: AVP () Change (X) Addition
Name: FOYE, WILLIAM R
Address: 6 INTERNATIONAL DRIVE - SUITE 100
City-St-Zip: RYE BROOK, NY 10573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FOYE

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

Date