

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 14 PM 4:00****DOCUMENT # P26141 (2)**
1. Corporation Name
EXECUTIVE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business

**15 MAIDEN LANE
NEW YORK NY 10038**

Mailing Address

**15 MAIDEN LANE
NEW YORK NY 10038**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		09/22/1989	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		13-2741040	Not Applicable
City & State		City & State		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24	25	29	30		

9. Name and Address of Current Registered Agent**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301****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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	AMENDOLARE, WILLIAM J.	1.2 NAME	
STREET ADDRESS	194 NORMAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ROCHELLE NY	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	HEATH, ERROL M.	2.2 NAME	
STREET ADDRESS	4 SALISBURY RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT. SINAI NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, S. EDWARD	3.2 NAME	
STREET ADDRESS	FARNHAM - 812 CVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JACOBI, MARY E.	4.2 NAME	
STREET ADDRESS	348 PRESTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KERN, ARTHUR	5.2 NAME	
STREET ADDRESS	50 BROAD STREET, 16TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, ROSALIE	6.2 NAME	
STREET ADDRESS	285 ASHLAND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	S.I. NY	6.4 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)(k), 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/95

24-227-5100