

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26141

1. Entity Name

EXECUTIVE INSURANCE COMPANY OF NORTH AMERICA

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90017 023 \*\*\*150.00

Principal Place of Business

Mailing Address

15 MAIDEN LANE  
NEW YORK NY 10038

15 MAIDEN LANE  
NEW YORK NY 10038-4003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2741040

Applied For

Not Applicable

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

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

Name

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 office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME AMENDOLARE, WILLIAM J.  
STREET ADDRESS 194 NORMAN ROAD  
CITY-ST-ZIP NEW ROCHELLE NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME HEATH, ERROL M.  
STREET ADDRESS 22121 SEASHORE CIR  
CITY-ST-ZIP ESTERO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DAVIS, S. EDWARD  
STREET ADDRESS FARNHAM - 812 CVE  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JACOBI, MARY E.  
STREET ADDRESS 348 PRESTON AVE.  
CITY-ST-ZIP STATEN ISLAND NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KERN, ARTHUR  
STREET ADDRESS 50 BROAD STREET, 16TH FL  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROBERTSON, ROSALIE  
STREET ADDRESS 285 ASHLAND AVE.  
CITY-ST-ZIP S.I. NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William J. Amendolare, President

1-18-2000

Date

212-227-5100

Daytime Phone #

CR2E034 (9/99)