

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90079 041 ***150.00

DOCUMENT # P26141

1. Entity 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**

2. Principal Place of Business

15 Beekman Street

3. Mailing Address

15 Beekman Street

Suite, Apt. #, etc.

720

Suite, Apt. #, etc.

720

City & State

New York, New York

City & State

New York, New York

Zip

10038

Country

USA

Zip

10038

Country

USA

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

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Change ☐ Addition
 NAME **Kligler, Richard I.**
 STREET ADDRESS **1117 Northern Blvd.**
 CITY-ST-ZIP **Baldwin, New York 11510**

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

TITLE **Director** ☐ Change ☐ Addition
 NAME **Dorothy Kligler**
 STREET ADDRESS **7563 Imperial Drive**
 CITY-ST-ZIP **Boca Raton, Florida 33433**

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

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

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:

Rosalie Robertson **Rosalie Robertson**

4/17/02

212-227-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F024 (9/01)