

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90028 024 ***150.00

DOCUMENT # P26141

1. Entity Name
EXECUTIVE INSURANCE COMPANY



Principal Place of Business Mailing Address

900 S AVE 900 S AVE
 STE 64 B STE 64 B
 STATEN ISLAND, NY 10314 STATEN ISLAND, NY 10314

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

9000000



01152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 13-2741040 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLIGLER, RICHARD I	
STREET ADDRESS	33 TAI TAM RD, FLAT 23A,	
CITY-ST-ZIP	TAITAM, HONG KONG,	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HEATH, ERROL M.	
STREET ADDRESS	22121 SEASHORE CIR	
CITY-ST-ZIP	ESTERO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLIGLER, DOROTHY	
STREET ADDRESS	7663 IMPERIAL DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	<i>9807 VIA AMATI LAKE WORTH, FL 33467</i>
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, ROSALIE	
STREET ADDRESS	285 ASHLAND AVE.	
CITY-ST-ZIP	S.I., NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLIGLER, GREGG	
STREET ADDRESS	1471 SW 28TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

D. KLIGLER, Michelle Change Addition
9807 VIA AMATI LAKE WORTH, FL 33467

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: *Errol M Heath* **ERROL M HEATH** *1-15-08* *239-498-5199*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #