

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000426

Entity Name: NYCB INSURANCE AGENCY, INC.

Current Principal Place of Business:

615 MERRICK AVENUE
WESTBURY, NY 11590

Current Mailing Address:

615 MERRICK AVENUE
WESTBURY, NY 11590 US

FEI Number: 11-2991014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name KAPLAN, ANDREW
Address 615 MERRICK AVENUE
City-State-Zip: WESTBURY NY 11590

Title SECRETARY
Name QUINN, R. PATRICK
Address 615 MERRICK AVENUE
City-State-Zip: WESTBURY NY 11590

Title DIRECTOR
Name CANGEMI, THOMAS R.
Address 615 MERRICK AVENUE
City-State-Zip: WESTBURY NY 11590

Title VP, DIRECTOR
Name GUNN, ELIZABETH
Address 615 MERRICK AVENUE
City-State-Zip: WESTBURY NY 11590

Title DIRECTOR
Name WANN, ROBERT
Address 615 MERRICK AVENUE
City-State-Zip: WESTBURY NY 11590

I hereby 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 all other like empowered.

SIGNATURE: R. PATRICK QUINN

SECRETARY

01/24/2019

Electronic Signature of Signing Officer/Director Detail

Date