

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000426

**Entity Name:** NYCB INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

102 DUFFY AVENUE  
HICKSVILLE, NY 11801

**Current Mailing Address:**

102 DUFFY AVENUE  
HICKSVILLE, NY 11801 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        102 DUFFY AVENUE  
City-State-Zip: HICKSVILLE NY 11801

Title            SECRETARY  
Name            QUINN, R. PATRICK  
Address        102 DUFFY AVENUE  
City-State-Zip: HICKSVILLE NY 11801

Title            DIRECTOR  
Name            GUNN, ELIZABETH  
Address        102 DUFFY AVENUE  
City-State-Zip: HICKSVILLE NY 11801

Title            DIRECTOR  
Name            PINTO , JOHN J.  
Address        102 DUFFY AVENUE  
City-State-Zip: HICKSVILLE NY 11801

Title            DIRECTOR  
Name            DAVIS , REGINALD E.  
Address        102 DUFFY AVENUE  
City-State-Zip: HICKSVILLE NY 11801

*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**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date