

1.) CORPORATION NAME:

Harbor of New York Insurance Services, LTD. (Used in VA by: HARBOR GROUP LTD.)

DUE DATE: **8/31/2011**

SCC ID NO: **F1433103**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 70 E SUNRISE HGWY SUITE 411

CITY/ST/ZIP: VALLEY STREAM, NY 11581-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GEORGE BIANCARDI	
TITLE:	PRESIDENT	
ADDRESS:	70 E SUNRISE HGWY SUITE 411	
CITY/ST/ZIP/CO:	VALLEY STREAM, NY 11581-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRETT SCHNEIDER	
TITLE:	DIRECTOR	
ADDRESS:	340 MADISON AVE 19TH FL	
CITY/ST/ZIP/CO:	NEW YORK, NY 10173-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID MAXHAM	
TITLE:	T/S	
ADDRESS:	70 E SUNRISE HGWY SUITE 411	
CITY/ST/ZIP/CO:	VALLEY STREAM, NY 11581-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD O'MALLEY	
TITLE:	DIRECTOR	
ADDRESS:	1250 CAPITAL OF TEXAS HWY S BUILDING 2	
CITY/ST/ZIP/CO:	AUSTIN, TX 78746-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MALIKA HINKSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	340 MADISON AVE, 19TH FL	
CITY/ST/ZIP/CO:	NEW YORK, NY 10173-	

NAME: LORI M. LIESER TITLE: VICE PRESIDENT ADDRESS: 500 W MADISON SUITE 2400 CITY/ST/ZIP/CO: CHICAGO, IL 60661-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ LORI M. LIESER</u>	<u>LORI M. LIESER, VICE PRESIDENT</u>	<u>8/3/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.