

1.) CORPORATION NAME:

Freeway Insurance Services of New York, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1866195**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 358 FIFTH AVENUE
SUITE 1003

CITY/ST/ZIP: NEW YORK, NY 10001

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.

NAME:	MATTHEW GROSSBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES & CEO		
ADDRESS:	28 WEST GRAND AVENUE		
CITY/ST/ZIP/CO:	SUITE 7 MONTVALE, NJ 07645		

NAME:	JOHN P IACONO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP/SEC		
ADDRESS:	358 FIFTH AVENUE		
CITY/ST/ZIP/CO:	SUITE 1003 NEW YORK, NY 10001		

NAME:	MARTIN ROTHBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	358 FIFTH AVENUE		
CITY/ST/ZIP/CO:	SUITE 1003 NEW YORK, NY 10001		

NAME:	JOHN ADDEO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	358 FIFTH AVENUE		
CITY/ST/ZIP/CO:	SUITE 1003 NEW YORK, NY 10001		

NAME:	JAMES SCHLOMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO & EVP		
ADDRESS:	358 FIFTH AVENUE		
CITY/ST/ZIP/CO:	SUITE 1003 NEW YORK, NY 10001		

NAME:	JAMES RYAN CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 EMBARCADERO CENTER		
	SUITE 1900		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		

NAME:	ROBERT S. RUTLEDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 EMBARCADERO CENTER		
	SUITE 1900		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		

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.

/s/ JOHN P IACONO	JOHN P IACONO, SENIOR VP/SEC	7/6/2012
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.